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PICK-UP WAIT MAIL						
(Business Entity Name)						
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FILING CANCELLED RETURNED CHECK FOR REINSTATEMENT PREVIOUSLY FILED ON 09/30/13

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMT ENTER PRISE SERVICES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Schaida Montiel

Name of Person

S.M.T. Enterprise Services, LLC

Firm/Company

LOO Strom Rd.

Address

Address

City/State and Zip Code

Services LLC

City/State and Zip Code

Services LLC

E-mail address: (to be used for future annual sport notification)

For further information concerning this matter, please call:

Seraida Mortiel at (85) 3/3-4997
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number FILING CANCELLED RETURNED CHECK FOR REINSTATEMENT PREVIOUSLY FILED ON 09/30/13 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Gity

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

FILING CANCELLED RETURNED CHECK FOR REINSTATEMENT MGR = Manager MGRM = Managing Member PREVIOUSLY FILED ON 09/30/13 <u>Title</u> <u>Name</u> Address-**Type of Action** 400 Strom Rd. Mario -Texada MGRM Roberto Rodriguez 600 Strom Rd Remove Remove Remove Remove

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Page 3 of 3

Filing Fee: \$25.00

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