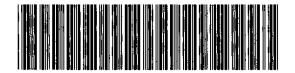
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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE
TALLAHASSEE, FLORIUA

FILED

D. BRUCE

AUG 0 6 2012

EXAMINER

TO: Registration Section Division of Corporations		
SUBJECT: Smash Eleven	2n, 2CC L 120000 Limited Liability Company	18095
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
<u> Mario</u>	5. Coto Name of Person	
Smash	Eleven Firm/Company	
2699 SI	erling Road Ste C10 Address	4
Ft. Lano	City/State and Zip Code lobalsmashent, Com ss: (to be used for future annual report notification)	12 AUG SECRET
Genio Og E-mail addre	lobalsmashent, Com ss: (to be used for future annual report notification	AND FILED 2 AUG -3 PH SECRETARY OF ALLAHASSEE F
For further information concerning this matter, plea		
Mario Coto Name of Person	at (954) 854 - 70 Area Code & Daytime Tel	 >
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of State	\$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

TO ARTICLES OF ORGANIZATION

Smash Eleven (Name of the Limited L	, LLC	212000	018095		
(<u>Name of the Limited L</u> (A F	iability Compa Iorida Limited I	i ny as it now appear Liability Company)	<u>'s on our records.</u>)		
The Articles of Organization for this Limited Liab		were filed on <u>Fe</u>	b. 7,201	and assigned	
This amendment is submitted to amend the follow	/ing:				
A. If amending name, enter the new name of t	he limited liab	oility company her	<u>e</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Compa	ny," the designation	"LLC" or the abbrevia	 ation
Enter new principal offices address, if applicat	ole:			,,.	_
(Principal office address MUST BE A STREET	ADDRESS)			<u> </u>	_
Enter new mailing address, if applicable:				AUG -3	FILE
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			-3 PM 3: 33 ARY OF STATE ORION	
B. If amending the registered agent and/or registered agent and/or the new registered office	ce address her	<u>re</u> :		r the name of the	
Name of New Registered Agent:	Maric	J. Cato			_
New Registered Office Address:	2699	Sterling (<u>Local Sk</u> ter Florida street a	C 104 ddress 33312 Zip Code	_
	ft. Lau	iderdale	, Florida	333/2	
				Zip Code	
New Registered Agent's Signature, if changing Re	<u>gisterea Agent:</u>	<u>.</u>			

٦

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 bergby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or Managing	Viember being added or removed fro	om our recerds:	
MGR = Man MGRM = M	nager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Markease Doe	2699 Sterling Rd (104 Pt. Landerdale, Fl 333	Add Remove
MBRM	Kevin Montano	2699 Sterling Rel (104 F1. Landerdale, F1 333	Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
D. If amend	ing any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	·y.)
			AFT A FIL 12 AUG -3 SECRETARY
Dated	uly 30 20	112	AFFINDA ECRETARY OF STATE LIAHASSEL FLORIDA
	Mario J.	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00