

#L12000056483  
4/23/2014 WED 11:38 FAX 2001/005  
Division of Corporations Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.  
Account Number : I20040000167  
Phone : (305) 377-0809  
Fax Number : (305) 377-0781

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

Kimberly@pbyalaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SMARA MIAMI HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

14 APR 23 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 APR 23 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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Corporate Filing Menu

Help

Fax Audit No.: H14000096563 3

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Smara Miami Holdings, 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:

Whitney King

Name of Person

Perlman, Bajandas, Yevoli & Albright, P.L.

Firm/Company

200 S. Andrews Avenue, Suite 600

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

kimberly@pbyalaw.com

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

For further information concerning this matter, please call:

Whitney King

Name of Person

at 954 566-7117

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**  
2014 APR 23 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Smara Marri Holdings, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 26, 2012 and assigned  
Florida document number L12000056483.

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 "LLC."

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

City, Florida Zip Code

**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 605, 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.*

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Trident Trust Company (B.V.I.) Ltd.</u>	<u>c/o 200 S. Andrews Ave., STE. 600</u>	<input type="checkbox"/> Add
		<u>Fort Lauderdale, FL 33301</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Smara Investments Limited</u>	<u>200 S. Andrews Avenue, Ste. 600</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Lauderdale, FL 33301</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 23, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Jason E. Perlman, Esq.

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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