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COVER LETTÉR

TO: Registration S Division of Co		ţ,	
SUBJECT: SM V	vest palm bead	ch IIc	
	Name of Lin	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	michael dan	iel	
	,	Name of Person	
	sm west pal	m beach llc 🔌	
		Firm/Company	
	1040 scarle	t oak st	
		Address	
	hollywood fl	33019	
		City/State and Zip Code	
;	mdangroup@yah	OO.COM to be used for future annual report notif	Sastian
5	1.	•	ication)
,	concerning this matter, please of	all:	
michael da	aniel	_{at} 347 68011	11
Name	of Person		e 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)

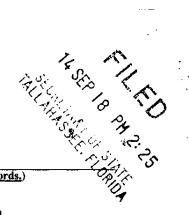
MAILING ADDRESS:

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



sm west palm beach,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 <u>7/23/2012</u>	and assigned
Florida document number L12000094477		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	•
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	109 live oak blvd # 181250	
(Principal office address MUST BE A STREET ADDRESS)	casselberry FL 32707	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		he name of the new
	<u>-</u> ·	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	7: 0.1
	City	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

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

<u>Title</u>	Name	Address	Type of Action
MGRM	COHEN SARIT	215 w 109 st # 4G	
		New York, NY 10025	■ Remove
			Add
			Remove
		. .	
			□ Add
			Remove
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			🗋 Add
			□ Remove
			
			□ Add
			Remove

ramending any other information, enter change(s) here: (Attach adat	
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ective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and cannot date this document is filed by the Florida Department of State)	(optional) t be more than 90 days after
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Page 3 of 3

Filing Fee: \$25.00