1/3000/24505

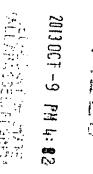
(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration Section
Division of Corporations

S.M. MIAMI HOLDING 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:

Name of Person

S.M.MIAMI HOLDING LLC

Firm/Company

100 N BISCAYNE BLVD STE 500

Address

MIAMI, FL 33132

City/State and Zip Code

osureau@jade-associates.com

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

For further information concerning this matter, please call:

JADE ASSOCIATES

,_,305_,579-0220

Name of Person

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

S.M. MIAMI HOLDING LLC		
(<u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	ow appears on our records.)	
The Articles of Organization for this Limited Liability Company were file	ed on 09/04/2013 and ass	igned
Florida document number L13000124505		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	npany here:	
The new name must be distinguishable and end with the words "Limited Liabi "L.L.C."	lity Company," the designation "LLC" or the a	abbreviation
Enter new principal offices address, if applicable:	22	
(Principal office address MUST BE A STREET ADDRESS)		**************************************
	22.00 57.11 77.12	7 - 1 - 3 1 - 3
		1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	का ही 🚟	·
	N)	<u> </u>
B. If amending the registered agent and/or registered office address here:	lress on our records, enter the name of	of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
City	Zip Code	е

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.

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address Type of Action
MGRM	AZAR MYRIAM	100 N BISCAYNE BLVD
		STE 500 MIAMI FL 33132 Remove
		Add
		Remove
		2013
		Add
		Remove
		Remove
		Add
		Remove
		Add
		Remove

10/4/13 · · · · · · · · · · · · · · · · · · ·		
Signature of a member or authorized representative of a member		
MYRIAM AZACZ Typed or printed name of signee		
Page 3 of 3	**	~
Filing Fee: \$25.00		2013 001
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