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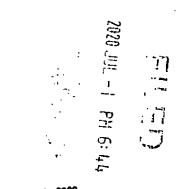
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COVER LETTER

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TO:

	gistration Se- vision of Corp			
CUB IEÆT.		ICES PLLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Joan Katz		
			Name of Person	<u></u>
			Firm/Company	
		4371 Northlake BLVD 128		
			Address	
		Palm Beach Gardens, FL 3	33410	
			City/State and Zip Code	
		JDenterprisesinc@aol.com		
For further	information co	nncerning this matter, please ca	o be used for future annual report noticall:	neation)
Joan Katz			561 459-5356 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne 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)
	ailing Addres		Street Address:	ation
Registration Section Division of Corporations			Registration Sec Division of Cor	
P.	O. Box 632	7	The Centre of T	
Ta	ıllahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMH SERVICES PLLC (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 $\frac{5/21/2014}{1}$ Florida document number ______114000082592 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC 9250 Glades Rd #210 Enter new principal offices address, if applicable: Boca Raton, FL 33434 (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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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Sective date, if other than note of the date is listed, the date inserted in this cument's effective date on the	s block does n	ot meet the ap	plicable statute	ling or more the	(optic on 90 days after tirements, this	onal) filing.) Pursuant s date will not l	to 605.0207 be listed as
ecord specifies a delayed effe is filed.	ctive date, but	not an effecti	ve time, at 12:0)l a.m. on the	earlier of: (b) The 90th da	y after the
June 26		2020	·				
		Som	Ox A	s Mich	} .		
	Signature	of a member or	authorized repre	sentative of a r	nember		
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Filing Fee: \$25.00