## L14000097100

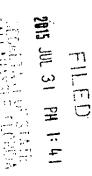
(Requestor's Name)	_
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<u>_</u>	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	
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## **COVER LETTER**

	gistration Sec vision of Corp		•	, <sup>1</sup> , z <sup>i</sup>	÷ ,
CUDIFOT.	Smadar MB	LLC			
SUBJECT:		Name of Limi	ited Liability Company		
		•			•
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please retur	n all correspor	ndence concerning this matter	to the following:		
		Lindsay Miller			
			Name of Person		
		Linder Law Group			
		-	Firm/Company		
		1111 Brickell Ave Suite 22	200		
			Address		
		Miami, FL 33131			
			City/State and Zip Code		
		Limitedagentsrvcs@aol.com			<u>.</u>
			to be used for future annual report notif	ication)	
For further	information co	oncerning this matter, please ca	ıll:		
Lindsay Mi	ller		305 717-7100 at ( )		
	Name of	Person	Area Code Daytime	Telephone N	lumber
Enclosed is	a check for the	e following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Ce Ce	0.00 Filing Fee, ertificate of Status & ertified Copy ditional 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

FILED

2015 JUL 31 PM 1: 41

Smadar M.B. LLC

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

Florida document number L14000097100	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
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)	
registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u>
registered agent and/or the new registered office address her  Name of New Registered Agent:	
registered agent and/or the new registered office address her	
registered agent and/or the new registered office address her  Name of New Registered Agent:	Enter Floridu street address
registered agent and/or the new registered office address her  Name of New Registered Agent:	<u>e</u> :
registered agent and/or the new registered office address her  Name of New Registered Agent:	Enter Floridu street address , Florida  City  Zip Code

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
MGR	Guy Sahar	4010 N. Meridian Ave Apt. 6	
		Miami Beach, FL 33140	■ Remove
			☐ Change
MGR	Smadar Sar	4010 N Meridian Ave Apt. 6	Add
	•	Miami Beach, FL 33140	□ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
		<del></del>	□ Remove
			☐ Change
		<del> </del>	Add
			Remove
			Change
			Add
			Remove
			☐ Change

riy	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
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		2015
	Command Company Compan	
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	7 Page 1, page 5 Mark 1, page 6 Mark 1, page	+ :-
(If an e Note:	tive date, if other than the date of filing:	5.0207 (3 sed as th
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli e 90th day after the record is filed.	er of:
Dated	July 15 2015	
	Signature of a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00