

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000127990 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone

Fax Number : (561)694-1639

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SMB VILLAS LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$60.00

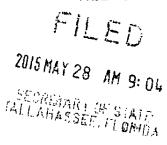
Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY EXAMINER MAY 2 9 2015 . .

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SMB VILLAS LLC

awb AITTV9 FFC				
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)			
The Articles of Organization for this Limited Liabi, Florida document number Li 5000090253	ility Company were filed on May 21, 2015 and assigned			
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of the	e limited liability company here:			
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."			
Euter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	IDDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<i>x</i>)			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
-	City , Florida, Zin Code			
New Registered Agent's Signature, if changing Regis	• •			
I hereby occept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further agree to comply with the md complete performance of my duties, and I am familiar with and seed agent as provided for in Chapter 605, F.S. Or, if this document is issued affice address, I hereby confirm that the limited liability			
	If Changing Registered Agent, Signature of New Resistered Agent			
	Page 1 of 3			

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

Title	Name	Address	Type of Action
AMBR	Andree Arrigo	36 Dewey Avenue	
		Staten Island, NY 10308	Remove
		-	C Change
			□ Add
			☐ Remove
			□ Change
			□ Add
			Remove
			D Remove 74
			□ Add
			□ Remove
			□ Change
			O Add
			□ Remove
			Change

Page 2 of 3

,

								-
<u>-</u> -						· · · · · · · · · · · · · · · · · · ·		_
					· <u></u>		<u> </u>	_
	· · · · · · · · · · · · · · · · · · ·	 _				·		_
		_ 						_
								_
		_ _		· ————————————————————————————————————	_ 		1	201
						· · · · · · · · · · · · · · · · · · ·	ره معلق رسم مستور دس مستور	15 75
							<u> </u>	於2
							92.7-	_ တ
							- ini	芸
				<u> </u>			63 -	9: 00
				·			<u></u> 5	- - Մ
		·						_
<u> </u>						·	·	_
				· · · · · · · · · · · · · · · · · · ·				
<u>te: If the det</u>	if other than (is listed, the dam: to inserted in this ctive date on the	a block does not	meet the appli	cable statutory i	or more than 90 da Illing requiremen	(optional) ys after filing.) l ns, this date w	Purmunt to 60 ill not be lis	5.0207 (3)(led as the
record spe he 90th da	ecifies a delay ay after the r	yed effective record is filed	date, but ni i.	ot an effectiv	re time, at 12):01 a.m. o	n the earli	er of:
ed		May 27		_				
		Signature of	membely)r autl	orized represents	tive of a member			

Page 3 of 3

Filing Fee: \$25.00