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COVER LETTER

SUBJECT:	SMC LEASIN	16, LLC.		
		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	_		
r rease return an corresp	ondence concerning this matter	to de following.		
	SHAWN	M. CHALIFOLLY Name of Person	<u></u>	
	5MC	LEASING, LIC.		
	SMC LEASING, LLC. Firm/Company			
	125 F	BEGONIA ST. Address		
		Address		
	MELBOY.	RWE: FL: 32935 City/State and Zip Code		
		- '		
	E-mail address: (SIN 321 Q SMAIL to be used for future annual report notif	ication)	
For further information (concerning this matter, please co	all:		
	<u> </u>			
SHAWN 1	M. CHALIFOLLY	at (<u>56/)</u> <u>358 –</u> Area Code — Davtime	7548	
Name	of Person	Area Code Daytime	Telephone Number	
/				
Enclosed is a check for t	he 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 St: Certified Copy (additional copy is e	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

TO ARTICLES OF ORGANIZATION **OF**

JMC LEASIN	,
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L16000074592</u>	inpany were filed on $\frac{4/15/16}{2}$
This amendment is submitted to amend the following:	-1;.
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abbrev
Enter new principal offices address, if applicable:	SMC LEASING, LLC.
(Principal office address MUST BE A STREET ADDRE	SMC LEASING, LLC. SS) 125 BEGONIA ST.
	MELBOURNE, FL. 32935
Enter new mailing address, if applicable:	SMC LEASING, LLC.
(Mailing address MAY BE A POST OFFICE BOX)	125 BEGONIAST.
	MELBOURNE, FL. 3293.
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	
Name of New Registered Agent:	SHAWN M. CHALIFOLIX
New Registered Office Address:	25 BEGONIA ST.
	Enter Florida street address
<u></u>	<u>1 ELBOURINE</u> , Florida <u>327</u> . Florida <u>327</u>
New Registered Agent's Signature, if changing Registered A	Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree t provisions of all statutes relative to the proper and complete performance of my duties, and I am famili accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if th being filed to merely reflect a change in the registered office address, I hereby confirm that the limited company has been notified in writing of this change.

MGR = Manager AMBR = Authorized Member				
<u>Name</u>	Address			
SHAWN CHALIFOLK	1855 MADISON AVE.			
	MELBOURNE, FL. 32935			
SHAWN CHALIFORK	1650 MASON TERRACE			
	MELBOURNE, FL. 32935			
	[
	Name SHAWN CHAUFOLLX			

or removed from our records:

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(If an ef	ive date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will r tent's effective date on the Department of State's records.
(b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.
Dated	9/16/19
	Seconts/ Kanton
	Signature of a member or authorized representative of a member
	SHAWN M. CHALIFOUX Typed or printed name of signee

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Filing Fee: \$25.00