

# L16000138340

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

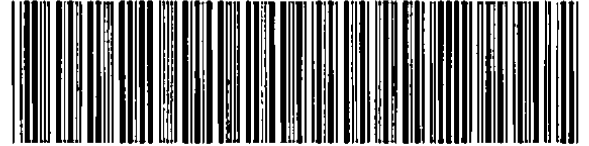
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 JUN 18 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

N CULLIGAN

JUN 17 2020

TO: Registration Section  
Division of Corporations

SUBJECT: SAEDINTRA CORPORATION 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:

MARSHA SEALY

Name of Person

SAEDINTRA CORPORATION LLC

Firm/Company

12744 SW 50TH STREET

Address

MIRAMAR, FL 33027

City/State and Zip Code

MCS@SAEDINTRA.ORG

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

For further information concerning this matter, please call:

MARSHA SEALY

954 609-7000

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED

2020 JUN 18 PM 12:1

SECRETARY OF STATE  
TALLAHASSEE, FL

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

This amendment is submitted to amend the following:

SAEDINTRA LLC

**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)**

PO BOX 801821

AVENTURA, FL 33280

Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

Florida

City \_\_\_\_\_

Zip Code

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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**

or removed from our records:

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARSHA SEALY	PO BOX 801821, <i>Aventura</i> , FL 33280	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	WILFRED SEALY	PO BOX 801821, AVENTURA, FL 33280	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JACKIE HILL MITCHELL	BOX 801821, AVENTURA, FL 33280	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LISA DECELLO RAZNICEK	PO BOX 801821, AVENTURA, FL 33280	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MAURICE JENKINS	PO BOX 801821, AVENTURA, FL 33280	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHRISTOPHER FRITZIUS	PO BOX 801821, AVENTURA, FL 33280	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

ARTICLE III

SAEDINTRA LLC IS A MULTIFACETED CONSULTING FIRM OPERATING UNDER THE FOLLOWING

DBAS' REGISTERD IN THE STATE OF FLORIDA:

SMILEY GIRL ENTERTAINMENT, SMILEY GIRL PROMOTIONS, SMILEY GIRL RECORDS,

SMILEY GIRL TRAVEL, MCS ENTERPRISE AND MCS ENTERPRISE PUBLISHING AND CONSULTING

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SECRETARY OF STATE  
TALLAHASSEE, FL

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 4,

2020

  
Signature of a member or authorized representative of a member

MARSHA SEALY

Typed or printed name of signer