

**L17000087492**

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

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

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

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

Special Instructions to Filing Officer:

Office Use Only



**200299636242**

05/30/17--01028--001 \*\*55.00

FILED  
17 MAY 30 PM 5:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S. WARREN**

**MAY 31 2017**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: S&M FAM ENTERPRISE 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:

**Alexis Arellano**

Name of Person

**S&M FAM ENTERPRISE LLC**

Firm/Company

**311 NE 27 STREET**

Address

**POMPANO BEACH FL 33064 US**

City/State and Zip Code

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

For further information concerning this matter, please call:

**Alexis Arellano**

Name of Person

at ( **954** )

Area Code

**210 0543**

Daytime Telephone Number

Enclosed is a check for the 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)

**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**

S&M FAM ENTERPRISE LLC

(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 04/19/2017 and assigned  
Florida document number L17000087492.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:

N/A

New Registered Office Address:

Enter Florida street address

City

, Florida

Zip Code

**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

FILED  
MAY 30 PM 4:44  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ALEXIS ARELLANO	311 NE 27 STREET	<input type="checkbox"/> Add
		POMPANO BEACH FL 33064	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	JESSICA ARELLANO	311 NE 27 STREET	<input type="checkbox"/> Add
		POMPANO BEACH FL 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	SILVANO ARELLANO	311 NE 27 STREET	<input type="checkbox"/> Add
		POMPANO BEACH FL 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	MARLENE CONTRERAS	311 NE 27 STREET	<input type="checkbox"/> Add
		POMPANO BEACH FL 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	MARIBEL UQUE	849 SW 10 DRIVE	<input type="checkbox"/> Add
		POMPANO BEACH FL 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	EDWARD HOGUE	311 NE 27 STREET	<input type="checkbox"/> Add
		POMPANO BEACH FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
12 MAY 30 PM 5:44  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

[illegible]

(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)(b)

(b) The 90th day after the record is filed.

Alexis Colomero  
Signature of a member or authorized representative of a member

AP Alexis Agellano  
Typed or printed name of signer

FILED  
17 MAY 30 PM 5:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA