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	Registration Se Division of Corp			
erin ilke		LORIDA, LLC	ų	
SUBJEC	1:	Name of Limit	ted Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please ret	um all correspo	ndence concerning this matter t	o the following:	
		STEVEN M HAMM		
		1	Name of Person	
		SMH OF FLORIDA, LLC		
			Firm/Company	
		2406 E STATE ROAD 60	#1651	
			Address	
		VALRICO, FL 33594		
			City/State and Zip Code	
		SHAMM36@YAHOO.COI		<u>.</u>
		E-mail address: (6	o be used for future annual report notifi	cation)
For furthe	er information co	oncerning this matter, please ca	II:	
STEVEN	N М НАММ		813 376-1876	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
= \$ 25.0	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:

TO:

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

SMH OF FLORIDA, 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 JUNE 6, 2018 _____ and assigned Florida document number L18000140272 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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) 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: New Registered Office Address: Enter Florida street address City 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	STEVEN M HAMM	2406 E STATE ROAD 60 #1651	B Add
		VALRICO, FL 33594	☐ Remove
			☐ Change
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ective date, if other than effective date is listed, the date	the date of filite must be specific at	ng: nd cannot be prior	to date of filing or	(op more than 90 days af	tional) er filing.) Pursuant t	o 605.0
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Typed or printed name of signee

Filing Fee: \$25.00