

L18000226902
Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NEW URBAN DEVELOPMENT
Account Number : I20200000033
Phone : (305)696-4450
Fax Number : (305)696-4455

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

Email Address: _____

FILED
2021 OCT 28 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SMA II DEVELOPERS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
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OCT 29 2021
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2021 OCT 28 PM 4:34

TALLAHASSEE, FLORIDA

FF #1000401624
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMA II DEVELOPERS, 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:

OLIVER L. GROSS

Name of Person

SMA II DEVELOPERS, LLC

Firm/Company

8500 NW 25TH AVENUE

Address

MIAMI, FL 33147

City/State and Zip Code

NDESAMOURS@NUDLLC.ORG

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

For further information concerning this matter, please call:

NATACHA DESAMOURS

305 696-4450

Name of Person

at ()

Area Code

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 Address:

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

210004016245

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>
MGR	OLIVER L. GROSS	8500 NW 25TH AVENUE	<input type="checkbox"/> Add
		MIAMI, FL 33147	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	KEITH FRANKLIN	8500 NW 25TH AVENUE	<input type="checkbox"/> Add
		MIAMI, FL 33147	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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)(b)

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

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

OLIVER L. GROSS

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 OCT 28 PM 3:11

THE