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(((H210004016543)))



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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:		

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

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10/28/2021 18:28 3056964455

URBANLEAGUE # UNUO 401 034 COVER LETTER

Division of Cor			•
	VELOPERS, LLC		·
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	OLIVER L. GROSS		
		Name of Person	
	SMA II DEVELOPERS, L	.t.c	
		Firm/Company	
	8500 NW 25TH AVENUE	:	
		Address	
	MIAMI, FL 33147		
		City/State and Zip Code	
	NDESAMOURS@NUDLL		
	É-mail address: (to be used for future annual report not	ification)
For further information of	oncoming this matter, please o	all;	
NATACHA DESAMOURS		305 696 -11 50	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street Address: Registration Se	ection
•	Registration Section Division of Corporations		rporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of	Tallahassee
		2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

TT & I UUUUTUU WOY >

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMA II DEVELOPERS, LLC	
(Name of the Limited Liabili (A Florid	a Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number £18000226902	an -
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company.7 the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street aadress
	, Florida
	Cin Zin 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.

21000 HO16245

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>	Address	Type of Action
MGR	OLIVER L. GROSS	8500 NW 25TH AVENUE	
		MIAMI, FL 33147	⊡Remove
			= Change
MGR	KEITH FRANKLIN	8500 NW 25TH AVENUE	
		MIAMI, FL 33147	□Remove
			€Change
			Change
		_	C.\dd
			□Remove
<u>-</u>		<u>. </u>	□Add
			□Remove
			⊡Change
			DAdd
			∏Remove
			- Change

#21000401654 >

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.,	<i></i>		
			
	<u></u>		
E. Effective date, if other than the date of filing: (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.) to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	Aursuant to 605.020 ill not be listed :	07 (3)(b) as the)
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The ecord is filed.			
Dated	SECKE JARY TALLAHASSEE	2021 OCT 28	FILED
Signature of a member or authorized representative of a member OLIVER L. GROSS	OF STAT	PM 3: 1	ED
Typed or printed name of signee	— — ——	_	

Filing Fee: \$25.00