

119 000 220 844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

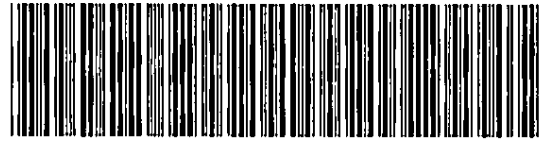
(Business Entity Name)

(Document Number)

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STATE OF MICHIGAN
TALLAHASSEE, FL

2021 NOV -4 AM 8:49

FILED

C. BRUMBLEY
NOV 10 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMAM LLC
Name of Limited Liability Company

PH 1:09

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shakeem Anthony Mata
Name of Person

SMAM Transport LLC
Firm/Company

18331 Pines Boulevard
Address

Pembroke Pines FL 33029
City/State and Zip Code

Smam@Smamtransport.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shakeem Anthony Mata (305) 987-8894
Name of Person 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
21 NOV -4 AM 8:49
TALLAHASSEE, FL

SMAM 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 8/29/2019 and assigned Florida document number L 19000220844

This amendment is submitted to amend the following:

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

SMAM Transports LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

515 East Las Olas Boulevard
Suite 120
Fort Lauderdale FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

515 East Las Olas Boulevard
Suite 120
Fort Lauderdale FL 33301

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:

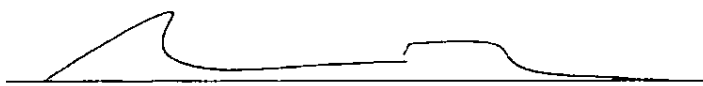
Name of New Registered Agent: Shakram Anthony Mata

New Registered Office Address: 18331 Pines Boulevard
Enter Florida street address

Pembroke Pines Florida 33029
City 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

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>
<u>MGR</u>	<u>Shakem A. Mata</u>	<u>18331 Pines Boulevard</u>	<input checked="" type="checkbox"/> Add
		<u>Pembroke Pines</u>	<input type="checkbox"/> Remove
		<u>33029</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Anthony Mata</u>	<u>1865 SW 163rd</u>	<input type="checkbox"/> Add
		<u>Avenue, Miramar FL</u>	<input checked="" type="checkbox"/> Remove
		<u>33029</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input 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.)

Initially filed with a third party
Company and they put my
middle name as my first. So
It was supposed to be Shakeem Anthony Mata
not Anthony Mata and my address of
The company has changed.


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 10/29/21.



Signature of a member or authorized representative of a member

Shakeem Anthony Mata
Typed or printed name of signee