LZO 000031076

(Requestor's Name)
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor				
SUBJECT: SM Commo	<u></u>			
	Name of Limi	ted Liability Company		
		to the drive		
The enclosed Articles of	Amendment and fee(s) are sub-	mited for filing.		
Please return all correspo	ndence concerning this matter t	to the following:		
	Mor Shnaider			
		Name of Person		
	SM Commerce LLC			
		Firm/Company		
	120 NE 4th St, Apt 1009			
		Address		
	Fort Lauderdale, FL 33301			
		City/State and Zip Code	·····	
	smc@requestllc.com			
		o be used for future annual report noti	ncanon)	
¥For further information c	oncerning this matter, please ca	all;		
Mor Shnaider		203 . 997,2491 at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he 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 Addres		Street Address:	ction	
Registration Section Division of Corporations		~	Registration Section Division of Corporations	
P.O. Box 6327		The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SM Commerce LLC		
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
	ability Company were filed on Jan 24, 2020	and assigned
Florida document number L20000031076	<u></u> .	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET	ADDRESS)	
		·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office address on our records, <u>enter the</u> s here:	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
	City	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.

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>	Address	Type of Action
AMBR	Mor Shnaider	190 SE 5TH AVE, APT 306, DELRAY BEACH	, FL 3 □ Add
			□Remove
			□Change
AMBR	Aviran Mulain	301 E 21st St 14B, New York, NY 10010	= Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			🗀 Remove
			□Change
			□Remove
			□Change
			□ Add
			□Remove

Change

1 amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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fan effd <u>Note:</u>	ve date, if other than the date of filing: (optional) extive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
record d is file	I 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 ed.
Dated _.	Aug 01 2020
	Signature of a member or authorized representative of a member
	organization of a method of authorized representative of a memoria
	Mor Shnaider

. . .