

6/4/2020

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

LA0000117312

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000168276 3)))



H200001682763ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : MARKO & MAGOLNICK, P.A.
Account Number : I20050000186
Phone : (305)285-2000
Fax Number : (305)285-5555

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
SM BROKERAGE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

O SIMMONS

JUN 08 2020

RECEIVED

2020 JUN -5 AM 7:13

Electronic Filing Menu

Corporate Filing Menu

Help

(((H20000168276 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2020 JUN -5 AM 9:46

SM BROKERAGE, 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 April 30, 2020 and assigned
Florida document number L20000117312.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10200 NW 67 Street

Tamarac, Florida 33321

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10200 NW 67 Street

Tamarac, Florida 33321

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:

Francisco Aparicio

New Registered Office Address:

10200 NW 67 Street

Enter Florida street address

Tamarac

Florida 33321

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

(((H20000168276 3)))

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

2020 JUN -5 AM 9:46

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Reinaldo Jose Santamarta	10200 NW 67 Street	<input checked="" type="checkbox"/> Add
		Tamarac, Florida 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Raimundo Esteban Santamarta	10200 NW 67 Street	<input checked="" type="checkbox"/> Add
		Tamarac, Florida 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(((H20000168276 3)))

(((H20000168276 3)))

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

2020 JUN -5 AM 9:45

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 June 4, 2020



Signature of a member or authorized representative of a member

David Everett Marko, Authorized Representative

Typed or printed name of signer