## 12000372672

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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor					
	LICENSES LLC				
SUBJECT:	Name of Limit	ted Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please return all correspo	ondence concerning this matter to	o the following:			
	Diego Barassi				
		Name of Person			
	ONE S&M LICENSES LL	c			
	Firm/Company				
	41 NE 107th Street				
		Address			
	Miami Shores, Florida, 331	61			
		City/State and Zip Code			
	dbarassi@sym-ent.com	o be used for future annual report notific	and the sale of th		
For further information c	oncerning this matter, please ca	·	ation		
	oncerning this matter, prease ea				
Diego Barassi	- CD	305 218-5349 at ()	Telephone Number		
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	he following amount:				
☐ \$25.00 Filing Fee	S30.00 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 S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration Sect Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Ilahassee Street, Suite 810 T &		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE S&M LICENSES LLC	<u></u>		<del></del>
( <u>Name of the Limite</u> )	<u>d Liability Compar</u> A Florida Limited I.	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Lia Florida document number L20000372672	bility Company		and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, <u>enter the new name of</u>	the limited liabi	lity company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	41 NE 107th Street, Miami Shores	
(Principal office address MUST BE A STREET		33161, Florida	
Enter new mailing address, if applicable:		41 NE 107th Street, Miami Shores 33161, Florida	
(Mailing address MAY BE A POST OFFICE B	<u>30X)</u>	33101, 1101100	<del></del>
B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent:	~ .	ddress on our records, <u>enter the nan</u>	ne of the new registered
	41 NE 107th St	TPPI	<u> </u>
New Registered Office Address:	-1116 10141 50	Enter Florida street address	
	Miami Shores	, Florida	3161
		City	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:		25 03 P
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis, being filed to merely reflect a change in the re company has been notified in writing of this c	r and complete tered agent as p egistered office hange.	performance of my duties, and I am provided for in Chapter 605, F.S. Or,	familiar with and if this document is minepliating to STATE.

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	Diego Barassi	41 NE 107th Street, Miami Shores, 33161, Florida	\exists Add
			□Remove
			□Change
AMBR	Diego Barassi	41 NE 107th Street, Miami Shores, 33161, Florida	<b>≣</b> Add
			□Remove
			□Change
	Federico Gamiz		□Add
		41 NE 107th Street, Miami Shores, 33161, Florida	<b>=</b> Remove
			□Change
	<del></del>	<del></del>	□Add
			□Remove
<del></del>			SECTION OF STATE
			Remove F
		SO CO FIN	P. P. T.
			71E • • • • • • • • • • • • • • • • • • •
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The purpose of this form is to formally remove Federico Gamiz from the company as he is no longer affiliated with it. All other information is accurate. 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. S 201 90th day after the If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The record is filed. Signature of a member or authorized representative of a member DIETED Typed or printed name of signee

Filing Fee: \$25.00