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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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 **SMD PARTNERS LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMD PARTNERS LLC		
(Name of the Limited Liability Company a (A Florida Limited Liab	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L21000344150	re filed on 07/29/21 and assignment	gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
SMR ITALIAN PARTNERS LLC		
The new name must be distinguishable and contain the words "Limited Liability (Company," the designation "LLC" or the abbreviation	.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	T1
<u>-</u>	address MUST BE A STREET ADDRESS) G: G	[-1]
Enter new mailing address, if applicable:	~** .**	
(Mailing address MAY BE A POST OFFICE BOX)	- L	
-		
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, <u>enter the name of the new</u>	registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	

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.

, Florida _

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>	Name	Address	Type of Action
AMBR	Jorge L. Sarco	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	⊠Remove
			□Change
AMBR	Maureen Drake	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	
			□Change
AMBR	Enrique J. Rachitoff	7901 4TH ST N STE 300	% Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
AMBR	Johanna E. Swayne	7901 4TH ST N STE 300	ĶlAdd
		ST. PETERSBURG, FL 33702	□Remove
			□Change
	11484		🗆 Add
			□Remove
			□Change
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			□Change

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ective date, if other than the effective date is listed, the date mus	date of filing:	to date of filing or more th	(optiona an 90 days after film	il) ng.) Pursuani	t to 605.020
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cord specifies a delayed effectives filed.	e date, but not an effective ti	ime, at 12:01 a.m. on the	e earlier of: (b)	The 90th da	ry er the
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Mongo	Signature of a member or author	orized representative of a	nember		FILEB

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