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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

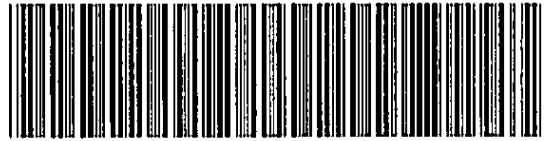
\_\_\_\_\_  
(Business Entity Name)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: S.M. Marketing Associates LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dora George  
Name of Person

S.M. Marketing Associates LLC  
Firm/Company

6780 NW 74th CT  
Address

Margate, FL 33063  
City/State and Zip Code

info@smmarketingassociatesllc.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica McCain at ( 954 ) 329-4597  
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

# S & M marketing Associates

**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>
Title MGR	Monica Marin	6780 NW 24th Court,	<input checked="" type="checkbox"/> Add
		Margate FL 33003	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

N/A

**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 September 14th . 2022

Signature of a member or authorized representative of a member

Sara George

Typed or printed name of signee

**Filing Fee: \$25.00**