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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE	ст: <u>S+M</u>	Macketing Assoc	ICHES LLC ited Liability Company	
		✓ Name of Lim	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Jara George	P Name of Person	
		,	Name of Person	
		S.M. Marketu	ASSULATES LLC Firm/Company	
		6780 NN 241	h CT Address	
			33063 City/State and Zip Code	
		info & sammarke E-mail address.	to be used for future annual report not	ry Q inextion)
For fur	ther information co	oncerning this matter, please co	all:	4597
M	Chilli Managa	S (11)	at ( <u>954</u> ) <u>299-</u> Area Code Daytie	LISG 7 1
	Name Of	T CI WI	, trea code bayan	:
		te following amount:		.:  కల
<b>£</b> i s≥	5,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		Street Address: Registration Se	etion
	Division of C		Division of Co	
	P.O. Box 632	7	The Centre of	
	Tallahassec, F	*L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S & M MONO	Neting As	300iates
The Articles of Organization for this Limited Liability Company	were filed on $11/24/2$	2 j and assigned
Horida document number <u>L 21000503570</u> .	. 1	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
Principal office address MUST BE A STREET ADDRESS)	·	: 23
		<u> </u>
	,	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	n! A	<u></u>
Mailing address MAY BE A POST OFFICE BOX)		
		· 0
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:	1.19	
New Registered Office Address:	Enter Florida street ad	dress
		Florida
<del></del>	City	Florida

## 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 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
Title	MGR	Monica Monia	6780 Nn 24th Court	<b>Z</b> Î\\dd
			Margaic FL 33063	□Remove
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	,
ive date, if other than the date of filing: [ective date is listed, the date must be specific and cannot be prior to date of filing of	(optional) or more than 90 days after filing.) Pursuant to 605.
If the date inserted in this block does not meet the applicable statutory fi	lling requirements, this date will not be liste
nent's effective date on the Department of State's records.	
rd specifies a delayed effective date, but not an effective time, at 12:01 a.r.	on the souline of the The Ofth day ofter
iled.	in. on the earlier of (b) The 90th day after
The state of the s	
Fitnestander 14th - 1927 -	
September 14th 2022	
Signature of a member of authorized representate	