L22000110389

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
SMNM RE	AL ESTATE, LLC				
SUBJECT:	Name of Lim	ited Liability Company	·		
	Tidille (i) Billi	act Day any	20Z		
			2023 NOV 27 DEFAILMEN EVISION OF C FALLAHASS		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	W 2		
Please return all correspo	ondence concerning this matter	to the following:	SEE SEE		
			PM 12: 37 IT OF STATE ORPORATION EELFLOUDE		
	Jane Sonkin		2: 3		
		Name of Person			
	CAINIM Halding LLC				
	SMNM Holding, LLC				
		Firm/Company			
	20294 Castle Stuart Ave				
Address					
	Boca Raton FL 33434				
		City/State and Zip Code			
	janesvirski@gmail.com				
	E-mail address: (to be used for future annual report no	otification)		
For further information c	oncerning this matter, please ca	all:			
Jane Sonkin		416 5690714 at ()			
Name o	f Person		me Telephone Number		
	C.11				
Enclosed is a check for the		_	_		
■ \$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 Addres	·c·	Street Address:			
Registration 5		Registration S	ection		
Division of C	orporations	Division of Co	-		
P.O. Box 632	27	The Centre of	Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 NOV 27 PN I2: 37

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SMNM REAL ESTATE, 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 $\frac{03/17/2022}{1}$ and assigned Florida document number L22000110389 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Jane Sonkin, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 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.

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			DAdd DESTA
			DESTRUCTION OF CORPORATION TALL APASSEE, FLORIDS
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