L22000110441

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500384794375

2022 HAR 31 PH 3: 18

2022 MAR 31 AH 9: 05

Cf 4/1/2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

03/31/2022

D	Acc#120160000072
	Acc#I20160000072
Name:	SMNM Holding, LLC
Document #:	
Order #:	14246400 - 5
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification: Filing:	Country of Destination: Number of Certs: Certified: Plain: COGS: COGS:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 25.00

Thank you!

COVER LETTER

TO:

	tegistration Sedivision of Corp			
0111111111		LDING, LLC		
SUBJEC	l:	Name of Limi	ted Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please reti	arn all correspo	ndence concerning this matter	to the following:	
		JANE SONKIN		
			Name of Person	
		SMNM HOLDING, LLC		
			Firm/Company	
		2255 GLADES ROAD, SU	ЛТЕ 324А	
			Address	
		BOCA RATON, FL 33431		
			City/State and Zip Code	
		janesvirski@gmail.com	to be used for future annual report no	attituation)
D 8 3				ntifeation)
For furthe	r information c	oncerning this matter, please ca		
BRUCE	ROSETTO		561 650-7940 at ()	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed	is a check for th	ne following amount:		
≸ \$25.0	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)
Ī	Mailing Addres Registration	Section	Street Address: Registration S	
	Division of C P.O. Box 632		Division of C The Centre of	-
	r.O. Box 052 Tallahassee,			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR 31 AM 9: 05

SMNM HOLDING, LLC (Name of the Limited Liability Company as it now appears on our records) \(\times \cappa_1 \cappa_2 \) \(\times \cappa_1 \cappa_2 \cappa_2 \cappa_3 \) \(\times \cappa_1 \cappa_2 \cappa_3 \cappa_3 \cappa_3 \cappa_4 \cappa_3 \cappa_3 \cappa_4 \cappa_3 \cappa_4 \cappa_3 \cappa_3 \cappa_4 \cappa_3 \cappa_4 \cappa_4 \cappa_4 \cappa_4 \cappa_5 \capp TALLAMASSEE, FI The Articles of Organization for this Limited Liability Company were filed on $\frac{03/17/2022}{}$ and assigned Florida document number ___1.22000110441 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 , Florida __ City

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JANE SONKIN	2255 GLADES ROAD, SUITE 324A	■Add
		BOCA RATON, FL 33431	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			ElChange
			🗀 Add
			□Remove
			□ Change

				
				
	<u> </u>		 .	<u> </u>
<u></u>	<u>.</u>			
	 -			
				
				<u> </u>
				
				
<u>,</u>				
				
			<u> </u>	
Affective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this block locument's effective date on the Depart	specific and cannot be prior does not meet the applic tment of State's records	able statutory liting re	quirements, this date v	viii not be fisted as
record specifies a delayed effective dad d is filed.	ite, but not an effective t	me, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
Dated MARCH 31	. 2022	·		
/s/ Jane Sonkin		orized representative of		
Sie	nature of a member or auth	orized representative of a	member	

• • •

Filing Fee: \$25.00