

L22000237071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

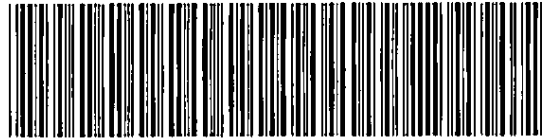
(Business Entity Name)

(Document Number)

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800406449268

LLC Amend

04/24/23--01025--022 \*\*25.00

CLERK OF STATE  
JULY 1, 2023

2023 APR 24 PM 12 51

FILED

A. RAMSEY

JUN 2 2023

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SM WEALTH MANAGEMENT LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey Selzer

\_\_\_\_\_  
Name of Person

Selzer Law

\_\_\_\_\_  
Firm/Company

2550 NE 15th Ave

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33305

\_\_\_\_\_  
City/State and Zip Code

jeff@selzerlaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Selzer

954 567-4444  
at ( )

\_\_\_\_\_  
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

FILED

DEPARTMENT OF STATE

**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>
MGR	Sandra Mangione	4301 NW 19TH AVE	<input type="checkbox"/> Add
		OAKLAND PARK, FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sandra Mangione TTEE	Mangione Trust UAD 01/10/22	<input checked="" type="checkbox"/> Add
		4301 NW 19TH AVE	<input type="checkbox"/> Remove
		OAKLAND PARK, FL 33309	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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 April 20, 2023

Sandra Mangione  
Signature of a member or authorized

Signature of a member or authorized representative of a member

Sandra Mangione

Typed or printed name of signee

**Filing Fee: \$25.00**