

L22 000456669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

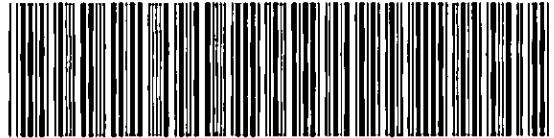
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SECRETARY OF THE
FALL: HASSER, J. J.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMG FL 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:

Deborah Fanich

Name of Person

Berger Singerman LLP

Firm/Company

201 E. Las Olas Boulevard, Suite 1500

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

gregory@smgaba.com

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

For further information concerning this matter, please call:

Deborah Fanich

954

712-5164

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

SECRETARY OF THE
TALLAHASSEE COUNTY

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
AMBR	Wesley Melchiorre	18 Judy Court	<input type="checkbox"/> Add
		Centerport, NY 11721	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gregory Scotto	11 Daniels Lane	<input type="checkbox"/> Add
		Dix Hills, NY 11746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Thomas Batsilas	3 Knollwood Road	<input type="checkbox"/> Add
		Rosyth, NY 11576	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David Isaacs	11 Edna Lane	<input type="checkbox"/> Add
		Selden, NY 11784	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Marc Valente	251 Cedar Road	<input type="checkbox"/> Add
		East Northport, NY 11731	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lori Horby	113 11th Street East	<input type="checkbox"/> Add
		St. Petersburg, FL 33715	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

B. Continued.

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>
<u>MGR</u>	<u>SMG ABA LLC</u>	<u>300 Corporate Plaza, Suite 301</u> <u>Islandia, NY 11749</u>	ADD

The Company shall be manager-managed.

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.

Dated November 3, 2022

Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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