# Laamy Sudday

|                         | (Requestor's Name)       |
|-------------------------|--------------------------|
|                         |                          |
|                         | (Address)                |
|                         | (Address)                |
|                         | (,                       |
|                         | (City/State/Zip/Phone #) |
| PICK-UF                 | WAIT MAIL                |
|                         | (Business Entity Name)   |
|                         | (B. constablished)       |
|                         | (Document Number)        |
| Certified Copies        | Certificates of Status   |
| Special Instructions to | Filing Officer:          |
|                         | J. HORNE                 |
|                         | J. HORNE<br>NOV - 4 2022 |
|                         |                          |
|                         |                          |
|                         |                          |

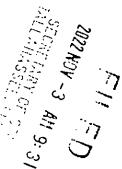
Office Use Only



800396714198

. 73.22- 9.002- 623 **\*\***60.00

2022 NOV -3 PH 2: 55



### **COVER LETTER**

Tallahassee, FL 32314

| TO: Registration So<br>Division of Cor         |  |   |   |  |  |  |  |
|--|--|---|---|--|--|--|--|
| SMG FL L                                       | LC   |   |   |  |  |  |  |
| SUBJECT:                                       | Name of Lim                                  | ited Liability Company  |   |  |  |  |  |
| The enclosed Articles of                       | Amendment and fee(s) are sub                 | mitted for filing.  |   |  |  |  |  |
| Please return all correspo                     | ondence concerning this matter               | to the following:   |   |  |  |  |  |
|  | Deborah Fanich                               |   |   |  |  |  |  |
|  |  | Name of Person  | <del> </del>  |  |  |  |  |
|  | Berger Singerman LLP                         |   |   |  |  |  |  |
|  |  | Firm/Company  | <del></del>   |  |  |  |  |
|  | 201 E. Las Olas Boulevard                    | l, Suite 1500   |   |  |  |  |  |
|  |  | Address   |   |  |  |  |  |
|  | Fort Lauderdale, FL 3330                     |   |   |  |  |  |  |
|  | <del></del>                                  | City/State and Zip Code   | <del></del>   |  |  |  |  |
|  | gregory@smgaba.com                           | to be used for future annual report notific                         | ation)  |  |  |  |  |
| For further information of                     | concerning this matter, please c             |   | ,   |  |  |  |  |
| Deborah Fanich                                 |  | 954 712-5164  |   |  |  |  |  |
| Name o   | of Person                                    | at ()Area Code Daytime 1  | l'elephone Number   |  |  |  |  |
| Enclosed is a check for t                      | he 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |  |  |
| Mailing Addre<br>Registration<br>Division of C | Section                                      | Street Address:<br>Registration Sect<br>Division of Corpo           |   |  |  |  |  |
| P.O. Box 632                                   |  | The Centre of Tallahassee   |   |  |  |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILL SECRETARISTS

SMG FL LLC

company has been notified in writing of this change.

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

| (A Florida Limited   |   |   |  |  |  |  |
|--|---|---|--|--|--|--|
| The Articles of Organization for this Limited Liability Company  | were filed on October 24, 2022  | and assigned                                  |  |  |  |  |
| Florida document number L22000456669   |   |   |  |  |  |  |
| 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 Liabi  | lity Company," the designation "LLC" or the                               | abbreviation "L.1C."                          |  |  |  |  |
| Enter new principal offices address, if applicable:  | 1110 Pinellas Bayway S, Units 107 ar                                      |   |  |  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | St. Petersburg, Florida 33715   |   |  |  |  |  |
|  |   |   |  |  |  |  |
| Enter new mailing address, if applicable:  | c/o SMG ABA LLC   |   |  |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | 300 Corporate Plaza, Suite 301  |   |  |  |  |  |
|  | Islandia, New York 11749  |   |  |  |  |  |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:   | address on our records, enter the na                                      | me of the new register                        |  |  |  |  |
| registered office (gares).   | Enter Florida street address  |   |  |  |  |  |
|  | , Florida _   |   |  |  |  |  |
|  | City  | Zip Code                                      |  |  |  |  |
| New Registered Agent's Signature, if changing Registered Agent:  |   |   |  |  |  |  |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office | performance of my duties, and I an<br>provided for in Chapter 605, F.S. O | n familiar with and<br>r, if this document is |  |  |  |  |

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>       | <u>Address</u>           | Type of Action  |
|--------------|-------------------|--------------------------|-----------------|
| AMBR         | Wesley Melchiorre | 18 Judy Court            | □Add            |
|              |                   | Centerport, NY 11721     | ■Remove         |
|              |                   |                          | Change          |
| AMBR         | Gregory Scotto    | 11 Daniels Lane          |                 |
|              |                   | Dix Hills, NY 11746      | ■Remove         |
|              |                   |                          | □Change         |
| AMBR         | Thomas Batsilas   | 3 Knollwood Road         | □Add            |
|              |                   | Rosyln, NY 11576         | <b>=</b> Remove |
|              |                   |                          | □Change         |
| AMBR         | David Isaacs      | 11 Edna Lane             |                 |
|              |                   | Selden, NY 11784         | ■Remove         |
|              |                   |                          | □Change         |
| AMBR         | Marc Valente      | 251 Cedar Road           | DAdd            |
|              |                   | East Northport, NY 11731 |                 |
|              |                   |                          | □Change         |
| AMBR         | Lori Horby        | 113 11th Street East     | DAdd            |
|              |                   | St. Petersburg, FL 33715 |                 |
|              |                   |                          | 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> | Name               | Address                        | Type of Action |
|--------------|--------------------|--------------------------------|----------------|
| MGR_         | <u>SMG ABA LLC</u> | 300 Corporate Plaza, Suite 301 | ADD            |
|              |                    | Islandia, NY 11749             |                |

|                  |                                       |                                    | nager-mana                   |                |            |                           |                          | <del>.</del> |                           |                             |                            |                               |
|------------------|---------------------------------------|------------------------------------|------------------------------|----------------|------------|---------------------------|--------------------------|--------------|---------------------------|-----------------------------|----------------------------|-------------------------------|
|                  |                                       |                                    |                              |                |            |                           |                          |              |                           |                             | _                          |                               |
|                  |                                       |                                    |                              |                |            |                           |                          |              |                           |                             |                            |                               |
| -                |                                       |                                    |                              |                |            |                           |                          |              |                           |                             |                            |                               |
| _                |                                       |                                    | <u>_</u> _                   |                |            |                           |                          |              |                           |                             |                            |                               |
|                  |                                       |                                    |                              |                |            |                           |                          |              |                           |                             |                            |                               |
| -                | ·- <del></del> -                      | <del></del>                        |                              |                |            |                           |                          |              |                           |                             |                            |                               |
|                  |                                       |                                    |                              |                |            | <del></del>               |                          | <del></del>  |                           | <u> </u>                    |                            |                               |
|                  |                                       |                                    |                              |                |            |                           |                          |              |                           |                             |                            |                               |
| -                |                                       |                                    |                              |                |            |                           |                          |              |                           |                             | <del></del>                |                               |
| _                |                                       |                                    |                              |                |            |                           |                          |              |                           |                             |                            |                               |
|                  |                                       |                                    |                              |                |            |                           |                          |              |                           |                             |                            |                               |
| -                | <u></u>                               |                                    |                              |                |            |                           |                          | <del></del>  |                           |                             |                            |                               |
| _                | <u></u>                               |                                    |                              |                |            |                           |                          |              |                           |                             | <u> </u>                   |                               |
|                  |                                       |                                    |                              |                |            |                           |                          |              |                           |                             |                            |                               |
| _                |                                       |                                    | <del> </del>                 |                |            |                           |                          |              |                           |                             |                            | <del></del>                   |
|                  |                                       |                                    |                              |                |            |                           |                          |              |                           |                             |                            |                               |
|                  |                                       |                                    | _                            |                |            |                           |                          |              |                           |                             |                            |                               |
| _                |                                       |                                    |                              |                |            |                           |                          |              |                           |                             |                            |                               |
|                  |                                       |                                    |                              |                |            |                           |                          |              |                           |                             |                            |                               |
| _                | 18.5                                  |                                    |                              |                |            |                           |                          |              |                           |                             |                            |                               |
|                  | <del></del>                           |                                    |                              |                |            |                           |                          |              |                           |                             |                            |                               |
|                  |                                       |                                    |                              |                |            |                           |                          |              |                           |                             |                            |                               |
| _                |                                       |                                    |                              |                |            |                           |                          |              |                           |                             | <del></del>                | <del></del>                   |
|                  |                                       |                                    |                              |                |            |                           |                          |              |                           |                             |                            |                               |
| ffecti           | ve date, if o                         | ther than t                        | he date of                   | filing:        |            |                           |                          |              | (                         | option                      | ıl)                        |                               |
| an elle<br>lote: | ective date is li-<br>If the date in: | sted, the date i<br>serted in this | must be specif<br>block does | ic and ea      | annot be p | tior to dat<br>olicable s | c of filing<br>statutory | or more th   | ian 90 day:<br>iidirement | s atter fili<br>s - this d: | ng.) Pursua<br>ate will no | ant to 605.02<br>at he listed |
| ocum             | ent's effectiv                        | e date on the                      | : Departmen                  | t of Sta       | ite's reco | rds.                      |                          | 5            |                           | 5, 11115 111                |                            | n oc nacc                     |
|                  |                                       |                                    |                              |                |            |                           |                          |              |                           |                             |                            |                               |
| recore           | d specifies a c                       | lelayed effec                      | tive date, bu                | it not ai      | n effectiv | e time, a                 | t 12:01 a                | ı.m. on th   | e earlier                 | of: (b)                     | The 90th                   | day after th                  |
| l is fil         | ed.                                   | •                                  |                              |                |            |                           |                          |              |                           | (•)                         |                            |                               |
|                  |                                       |                                    |                              |                |            |                           |                          |              |                           |                             |                            |                               |
| ated             | November                              | 3                                  |                              |                | 2022       |                           |                          |              |                           |                             |                            |                               |
|                  |                                       | · ·                                | 11                           | — <sub>j</sub> |            | <del></del> ·             |                          |              |                           |                             |                            |                               |
|                  |                                       | A                                  | X more                       | سيلم           | #          | _                         |                          |              |                           |                             |                            |                               |
|                  |                                       | 1/                                 | ' A T                        | - '            | -          |                           |                          |              |                           |                             |                            |                               |
|                  |                                       |                                    | Sig Kature                   | of a me        | imber or a | uthorized                 | represent                | ative of a   | member                    |                             |                            |                               |

Filing Fee: \$25.00

# **COVER LETTER**

| Division of Cor                      |  |   |  |  |  |  |
|--------------------------------------|--|---|--|--|--|--|
| SMG FL L                             |  |   |  |  |  |  |
| SUBJECT:                             | Name of Lim                                  | ited Liability Company  |  |  |  |  |
| The enclosed Articles of             | Amendment and fec(s) are sub                 | mitted for filing.  |  |  |  |  |
|                                      | ondence concerning this matter               | _   |  |  |  |  |
|                                      | Deborah Fanich                               |   |  |  |  |  |
|                                      |  | Name of Person  | -  |  |  |  |
|                                      | Berger Singerman LLP                         |   |  |  |  |  |
|                                      |  | Firm/Company  |  |  |  |  |
|                                      | 201 E. Las Olas Boulevaro                    | f. Suite 1500   |  |  |  |  |
|                                      |  | Address   |  |  |  |  |
|                                      | Fort Lauderdale, FL 3330                     | ł   |  |  |  |  |
|                                      |  | City/State and Zip Code   |  |  |  |  |
|                                      | gregory@smgaba.com<br>E-mail address: (      | to be used for future annual report notific                         | cation)  |  |  |  |
| For further information of           | oncerning this matter, please c              | ali:  |  |  |  |  |
| Deborah Fanich                       |  | 954 712-5164  |  |  |  |  |
| Name o                               | t Person                                     | Area Code Daytime   | Telephone Number   |  |  |  |
| Enclosed is a check for t            | he 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) |  |  |  |
| <u>Mailing Addre</u><br>Registration | Section                                      | Street Address:<br>Registration Sect                                |  |  |  |  |
| Division of C                        | Corporations                                 | Division of Corporations  |  |  |  |  |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303