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3/20/2014 9:47:57 from: To: 8706126383

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Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SMCI ACQUISITION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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K. SALY
EXAMINER
MAR 21 2014

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- 1. Name of limited liability Company as it appears on the records of the Florida Department of State: SMCI Acquisition, LLC
- 2. Jurisdiction of its organization: Delaware
- 3. Date authorized to do business in Florida: February 16, 2011

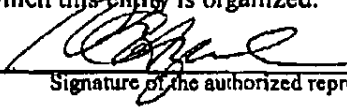
SECTION II (4-7 complete only the applicable changes)

- 4. New name of the limited liability company: SMCI, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

- 5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

- 6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: _____
- 7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Stephen B. Hazard, authorized representative

Typed or printed name of signer

Filing Fee: \$25.00

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SMCI ACQUISITION, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SMCI, LLC", THE EIGHTEENTH DAY OF JULY, A.D. 2011, AT 6:27 O'CLOCK P.M.

4940311 8320

140353697

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1221598

DATE: 03-19-14