L10000129 580

questor's Name)				
dress)				
dress)				
(City/State/Zip/Phone #)				
☐ WAIT	MAIL			
siness Entity Nan	ne)			
(Document Number)				
_ Certificates	of Status			
Special Instructions to Filing Officer:				
	dress) dress) y/State/Zip/Phone WAIT siness Entity Nan cument Number) Certificates			

Office Use Only



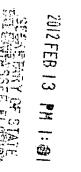
600221169866

02/13/12--01046--020 **25.00

T. CLINE

FEB 1 4 2012

EXAMINER



COVER LETTER

ТО:	Registration Se Division of Cor		
SUBJE	ЕСТ:	Name of Limi	Investments, LLC ted Liability Company
		Amendment and fee(s) are sub	•
		- Howa:	rd A. Gordon Name of Person
			Gordon Consulting Services, LLC Firm/Company
		509 Eas	st Jackson St. Address
		Tampa	A, F1 33602 City/State and Zip Code
Con firm	sh.cu !u fo	E-mail address: (t	edon@msn.com o be used for future annual report notification)
		Gordon f Person	at (813) 363-5244 Area Code & Daytime Telephone Number
Enclose	ed is a check for th	e following amount:	
፟ \$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GGGR Investment	s, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/20/2010	and assigned
Florida document number L1000012958.0		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SLG INVESTMENTS, LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	509 East Jackson St.	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33602	
		
Enter new mailing address, if applicable:	2 Adalia Ave, Unit 501	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, Fl 33606	
B. If amending the registered agent and/or registered of	fice address on our records, enter t	he name of the new
registered agent and/or the new registered office address here	<u>e</u> :	
Name of New Registered Agent:		新芸 る !
New Registered Office Address:		
	Enter Florida street addi	ress =
	. Florida	gm =
	City	Zip Code

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Acti	<u>on</u>
MGR	Hôward A. Gordon	2 Adalia Ave, Unit 501 Tampa, FL 33606	Add Remove	
MGRM	Howard A. Gordon	2 Adalia Ave, Unit 501 Tampa, FL 33606	☐ Add	
<u>MGR</u>	Richard A. Rober	ts 509 East Jackson St Tampa, FL 33602	Add Remove	
			Add Remove	
	-		Add Remove	
		10 10 10 10 10 10 10 10 10 10 10 10 10 1	Add Remove	
D. Har	nending any other information, ent	15 Cr pr		EXECUTE OF THE PARTY OF T
		C. C.		trakeny 2 Pro St
Dated _	February 9, 2012	, 	_	
	Signature of	a member or authorized representative of a member		
	-	oward A. Gordon		
		Typed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00