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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORP USA

Account Number: 072450003255

Modelit Maniba

: (305)634-3694

Fax Number

: (305)633-9696

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SL1810, LLC

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Electronic Filing Menu

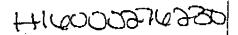
Corporate Filing Menu

Help

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

SL1810, 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:

Neal S. Litman, Esq.

Name of Person

Neal S. Litman, P.A.

Firm/Compuny

800 Brickell Avenue, Suite 1501

Address

Miami, FL 33131

City/Stute and Zip Code

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

For further information concerning this matter, please call:

Neal Litman

,,,305,579-0074

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SL1810, LLC		
(Name of the Limited Lini (A Flor	pility Company is it now appears on our records.) rids Limited Liebility Company)	
The Articles of Organization for this Limited Liability Florida document number L16000192611	y Company were filed on October 16, 2016	and assigned
This umendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the it	inited Hability company here:	
\$JP1810, LLC		
The new name must be distinguishable and end with the words "	"Limited Liability Company," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		-12 m
(Principal office address MUST BE A STREET AD)	DRESS)	(#)
		ဘ
Enter new mailing address, if applicable:		<b>co</b>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		the name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address	Enter Florida street address	
	, , , ,	
	City, Florida	Zio Code
New Registered Agent's Signature, if changing Register	- •	-y +****

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 605, 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records;

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
·····			□ Add
			Remove
			□ Add
		□ Remove	
	- Alexander - Alex		□ Add
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Page 2 of 3

MGR = Manager

Mective date, if other than the date of filing to effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	te of receipt or filed date and cannot be more than 90 days after
November 8	2016
Signature of a m	nember or authorized representative of a member
Neal S. Litman, P.A.,	Authorized Representative
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00