L18000168239

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	= #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
Slidda LLC			
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Patrick Alcius		
		Name of Person	
	Słidda LLC		
		Firm/Company	
	P.O. box 660153		
		Address	
	Pompano Beach, FL. 3306	6	
		City/State and Zip Code	
	cleanstidda@gmail.com E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	•	
Patrick Aleius		754 4225512	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	tion
Division of C		Division of Corp	

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2020 NOV 24 PK 4: 15

SECRETARY OF STATE TALLAHASSEE, FL

Slidda (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 7/12/2018 _____ and assigned Florida document number L18000168239 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Slidda LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida __

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 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.

City

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:

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5.0.20.00	
MGR =	
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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		·	🗀 Add
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	must be specific and cannot be prior to date of		
nent's effective date on the	s block does not meet the applicable statu e Department of State's records.	tory titing requirements, this date wi	II not be fisted a:
rd specifies a delayed effe iled.	ctive date, but not an effective time, at 12	:01 a.m. on the earlier of: (b) The 9	Oth day after the
11/24	2020		

Filing Fee: \$25.00