

A2200000485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

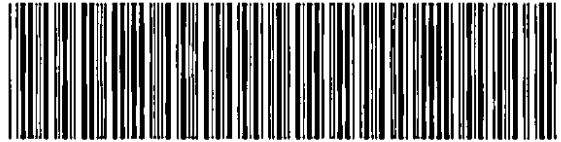
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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09/29/22--01001--016 **61.25

2022 SEP 28 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FL 32311

APPROVED
AND
FILED

2022 SEP 28 PM 4:52
RECEIVED
7/1
4:05
4:05

2022
SEP 29 10:00 AM
TALLAHASSEE, FL 32311

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SLN Services, LLLP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Clifton Kevin Sellars

Contact Person

SLN Services, LLLP

Firm/Company

2645 Nez Perce Trail

Address

Tallahassee, FL 32303

City, State and Zip Code

kevin@slnservicesfl.com

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

For further information concerning this matter, please call:

Clifton Kevin Sellars

at (850) 778-2715

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☒ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

SLN Services, L.L.P.

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on _____, assigned Florida document number A22000000485, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

<u>New Principal Office Address:</u> (Must be <i>STREET</i> address)	<u>2645 Nez Perce Trail</u> <u>Tallahassee, FL, 32303</u>
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<u>New Mailing Address:</u> (May be <i>post office box</i>)	<u>2645 Nez Perce Trail</u> <u>Tallahassee, FL 32303</u>
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C. 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:

<u>Name of New Registered Agent:</u>	<u>Clifton Kevin Sellars</u>
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<u>New Registered Office Address:</u>	<u>2645 Nez Perce Trail</u> <i>Enter Florida street address</i>
	<u>Tallahassee</u> , Florida <u>32303</u>
	<i>City</i> <i>Zip Code</i>

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AND
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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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.

Clinton J. J. J. J.
If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
General P	Dexture Enzor	24 Antler Court Havana, FL 32333	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
General F	Austin C Owens	1828 Jackson Bluff Road Suite B Tallahassee, FL 32304	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

☐ This Limited Partnership hereby elects to be a “Limited Liability Limited Partnership.”

☐ This Limited Partnership hereby removes its “Limited Liability Limited Partnership” status.

Page 2 of 3

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Percentage of ownership will be as follows:

Neal Faircloth: 48.5%

Clifton Kevin Sellars: 48.5%

Dexture Enzor: 1%

*Please see enclosed Partnership agreement and file as necessary

Effective date, if other than the date of filing: 09/29/2022

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Clifton K Sellars Clifton K Sellars

Signature(s) of all new or dissociating general partner(s), if any:

Austin Owens Austin Owens

Dexture Enzor

Dexture Enzor

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75