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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 10 PM 4: 2

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 52H CONSULTING 22C 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:
Luis G. Be110
ACTION Plus FinanciaL Firm/Company
22 E. Story RD
Address Address Address AND EN, PL 34787 City/State and Zip Code
9, 1501-TO ACT ON PIUS. ORG E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LUIS 6, Bello at 321, 436-9099 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SLA CONSULTING LLC
(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
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
INDEPENDENT RENOVATIONS CONTractors W
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
1//2
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: SOAN E. Oglesby
New Registered Office Address:
Enter Florida street address , Florida , Florida
City Zip Code ⊋ ☐
City Zip Code P
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to something 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add ☐ Remove
			
			Add Remove
.			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amei	nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.) eSby abbress 's	
_	in North CAN	WINA.	-
 !	STATES VILLE, A	1C 28625	
Dated <u></u>	"ePtember 5 20	0/2	
Dated	7,77,77		
	LQ,3	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00