106000011256

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Registration Section
Division of Corporations

CHRICT

SLE, 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:

Steve Holroyd

Name of Person

SLE, LLC

Firm/Company

10603 Gretna Green DR

Address

Tampa, FL 33626

City/State and Zip Code

sholroyd9@gmail.com

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

For further information concerning this matter, please call:

Steve Holroyd

813 361-8105

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 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

(Name of the Limited Liab (A Flori	ility Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabilit Florida document number <u>L06000011256</u>	ry Company were filed on 1/31/200	6 and assigned
This amendment is submitted to amend the following	ı.	
A. If amending name, enter the new name of the	limited liability company here:	
SLE2 MEDICAL, LLC		
The new name must be distinguishable and end with the "L.1.C."	words "Limited Liability Company," the c	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	28
		12 K C 1
Enter new mailing address, if applicable:		29
(Mailing address MAY BE A POST OFFICE BOX		
		95. 9
		The second
B. If amending the registered agent and/or re registered agent and/or the new registered office a		rds, enter the name of the new
regimered agent and/or the new registered office i	address nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floria	da street address
		, Florida
	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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member			
Title	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
			
			Add
		<u>5</u> .	Remove
			· N
		·*1 <u>2</u>	Add
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Remove
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		S FL CRIDA	
		RING.	Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	· — 1
	St Held
	Signature of a member or authorized representative of a member STEVE Holroyd
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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