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EXAMINER



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SECRETARY OF STATE
ALL AHASSEF, FLORIDA

COVER LETTER

SUBJECT:	<u> </u>						
Name of Limited Liability Company							
The analoged Assistance	S A manufacture and Sec. (a)	Lucias J.C., Cilina					
The enclosed Afficies o	f Amendment and fee(s) are su	omitted for filling.					
Please return all corresp	condence concerning this matte	r to the following:					
	Eric Andre' Hall						
Name of Person							
	Slope Services LLC						
Firm/Company							
	1643 Willow Oak Ln.						
Address							
Sanford, FL 32773 City/State and Zip Code							
For further information	concerning this matter, please		cauony				
	oonooning mis matter, preuse	ouit.					
Eric Andre' Hall		411 - /	377-5263				
Name	of Person	Area Code & Daytime	e 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)				

TO:

Registration Section Division of Corporations

> 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**

	Slope Serv	vices, LLC				
(Name of the Limited	<u>d Liability Compa</u> A Florida Limited l	iny as it now app Liability Compan	ears on our records.)			
The Articles of Organization for this Limited L	, , ,	were filed on _	November 5, 200	ond assigned		
Florida document numberL0700011	14/3					
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name o	of the limited liab	oility company l	<u>here</u> :			
The new name must be distinguishable and end wi "L.L.C."	ith the words "Lim	ited Liability Con	mpany," the designation '	'LLC" or the abbreviatio		
Enter new principal offices address, if applic	1643 Willow Oak Ln.					
(Principal office address MUST BE A STREI	ET ADDRESS)	·		and .		
		Sanford, F	L 32773	A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	1643 Willow	w Oak Ln.	DEC 19 PM			
		Sanford, F	L 32773	L'S IS		
B. If amending the registered agent and/ registered agent and/or the new registered o			n our records, <u>enter</u>	≣≧ ω		
Name of New Registered Agent:	Eric Andre' Hall					
New Registered Office Address:						
	Enter Florida street address					
	*************************************	Sanford	, Florida	32773		
		City		Zip Code		
New Registered Agent's Signature, if changing i	*tron& heratemax					

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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title **Type of Action Name Address** MGRM Lorene F. Fossitt 35108 Shady Oaks Ln. ☐ Add Fruitland Park, FL 34731 ✓ Remove Eric Andre' Hall MGRM 1643 Willow Oak Ln. Sanford FL 32773 Remove MGRM Tenesia C. Hall 1643 Willow Oak Ln. √ Add Sanford, FL 32773 ☐ Remove ☐ Add Remove □Add Remove ∏Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December Dated 2011 Signature of a member of authorized representative of a member Willie L. Fossitt Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00