108000009780

| (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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| | Registratioh Se Division of Cor | | , | | |
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| OUBLEC | | AGEMENT LLC | | | |
| SUBJEC | ïI: | ited Liability Company | 20 | | |
| | | | | 2023 #115 | |
| The enclo | osed Articles of . | Amendment and fee(s) are sub | mitted for filing. | | |
| Please re | turn all correspo | ndence concerning this matter | to the following: | | |
| | • | | <u> </u> | 9: 3: 3: | |
| | | PERI NEAL PROCTOR | | بن ن | |
| | | | Name of Person | | |
| | | | | | |
| | | | Firm/Company | | |
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| | | | Address | | |
| BOYNTON BEACH, FL 33426 | | | | | |
| | | | City/State and Zip Code | | |
| | | E-mail address: (| to be used for future annual report notification) | | |
| For furth | er information c | oncerning this matter, please c | all: | | |
| PERI NE | EAL PROCTOR | | 561 305-0397 | | |
| Name of Person | | | at (| lumber | |
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| | | ne following amount: | _ | | |
| ■ \$25. 0 | 00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy Ce (additional copy is enclosed) Ce | 0.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed) | |
| | N. (111 | | Sec. 4.411 | | |
| Mailing Address: Registration Section | | | Street Address: Registration Section | | |
| | Division of C | orporations | Division of Corporations | | |
| P.O. Box 6327 Tallahassee, FL 32314 | | | The Centre of Tallahassee 2415 N. Monroe Street, St | | |
| | rananassee, r | 19 9 1 T | Tallahassee, FL 32303 | une 010 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SLP MANAGEMENT LLC | | | | |
|--|--|---|---------------------------|--|
| (Name of the Limit | ed Liability Compar (A Florida Limited I. | ny as it now appears on our records.) Lability Company) | <u> </u> | |
| The Articles of Organization for this Limited Life Florida document number 1.08000009780 | | | ယ and assigned | |
| This amendment is submitted to amend the following | owing: | | | |
| A. If amending name, enter the new name o | f the limited liabi | ility company here: | | |
| | | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabil | ity Company," the designation "LLC" or th | e abbreviation "L.L.C." | |
| Enter new principal offices address, if applic | able: | 24 CAMDEN LANE | | |
| (Principal office address MUST BE A STREE | | BOYNTON BEACH, FL 33426 | | |
| | | | | |
| Enter new mailing address, if applicable: | | 24 CAMDEN LANE | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | BOYNTON BEACH, FL 33426 | | |
| | | | | |
| B. If amending the registered agent and/or ragent and/or the new registered office addre | • | address on our records, <u>enter the n</u> | ame of the new registered | |
| Name of New Registered Agent: | PERI NEAL PE | ROCTOR | | |
| New Registered Office Address: | 24 CAMDEN I | | | |
| _ | | Enter Florida street address | | |
| | BOYNTON BI | EACH | 33426 | |

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

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|----------------|-----------------------|---------------------------------------|---------------------------------|
| MGRM | SUZANNE LYONS-PROCTOR | 1561 SW 16TH ST | □Add |
| | | BOCA RATON, FL 33486 | =Remove |
| | | | []Change |
| MGRM | PERI N. Proctor | 24 CAMBEN LANE | DAdd \p |
| | | BOYNTON BEACH, FL 334 | 26 ⊡Remove |
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| <u>te:</u> If the date ins | ther than the date of sed, the date must be spe serted in this block do the date on the Departm | es not meet the ap | plicable statut | iling or more than tory filling requir | (optiona a) days after filir ements, this da | l) g.) Pursuant to 605.02 te will not be listed |
| cord specifies a c s filed. | lelayed effective date, | but not an effecti | ve time, at 12: | 01 a.m. on the ca | arlicr of: (b) | The 90th day after th |
| cd | 17, 20 2 A. J Signatu | 23 | | M. | . s . M | 'ember |

SAP

Filing Fee: \$25.00