## L08000047942

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T. HAMPTON

SEP - 5 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT: SLG C	apital Management,	LLC	D		
	(Name of Lim	ited Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Timothy Shelton				
SLG Capital Management, LLC					
		(Firm/Company)	<del></del>		
		(Address)			
	Champions Gate, FL 33896				
		(City/State and Zip Code)	<del></del>		
For further information of	concerning this matter, please c	all:			
Ronald Greene		at ( 407 ) 353-3192			
(Name	of Person)	(Area Code & Daytime T	elephone Number)		
Enclosed is a check for t	he following amount:				
2 \$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

SLG Capital Management, LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)		
(	, <b></b>		
The Articles of Organization for this Limited Liability Company w	vere filed on 5/13/2008 and assigned		
Florida document number 1.08000047942			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company here:		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET ADDRESS)			
•	ECR S		
	HASA TO		
Enter new mailing address, if applicable:	SEE C		
(Mailing address MAY BE A POST OFFICE BOX)			
	FS <b>≥</b> D		
	—————————————————————————————————————		
B. If amending the registered agent and/or registered offic			
registered agent and/or the new registered office address here:			
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
	(Enter Florida street address)		
	. Florida		
	(City) (Zip Code)		

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

company has been notified in writing of this change.

New Registered Agent's Signature, if changing Registered Agent:

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	Ronald Greene	7524 Seurat Street Apt. 307 Orlando, Fl. 32819	Add Remove
MGRM_	Christine Bernard	4823 Deermoss Way N.  Jacksonville, Fl. 32217	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendir	ng any other information, enter	change(s) here: (Attach additional sheets, if necessa	iry.) TALS: 8
			FILED  SEP -4 AT II: 32  CRETARY OF STATE LAHASSEE FLORIDA
Dated August 2	Vistene &	2008  Poet Section of a manhar participal representative of a mamber	
	Signature of a r Christine Bernard	nember or authorized representative of a member	
	Tillouile Collina	Typed or printed name of signee	

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Filing Fee: \$25.00