

L1000000 7778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

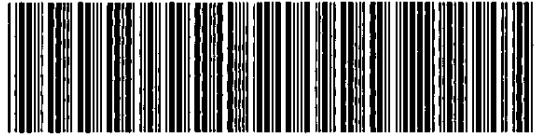
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000170676200

03/08/10--01042--011 **25.00

2010 MAR 29 AM 13:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

MAR 30 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2010

BART LEEREVEID
ROYAL SWAZI MORTGAGE INVESTMENTS LLC
3701 BEE RIDGE RD
SARASOTA, FL 34238

SUBJECT: SLRS PROPERTIES LLC
Ref. Number: L10000007778

We have received your document for SLRS PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 110A00005876

FROM : CELT INC ()

FAX NO. : 941-924-2260

Mar 03 2010 05:08PM P2

03/03/2010 17:05 FAX 9419278874

OFFICES

02/004

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SLRS Properties 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:

Bart Leereveld

Name of Person

Royal Swazi Mortgage Investments LLC

Firm/Company

3701 Bee Ridge Road

Address

Sarasota

City/State and Zip Code

leereveld@aol.com

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

For further information concerning this matter, please call:

Bart Leereveld

Name of Person

at (941)

232 9953

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**

FILED

2010 MAR 29 AM 10:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

SLRS Properties 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 1/21/2010 and assigned
Florida document number L10000007778

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 record, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

03/03/2010 17:05 FAX 9418276674

OFF. ICES

004/004

SLRS Properties LLC

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

Title	Name	Address	Type of Action
MGR	Elizabeth M Svirsky	3701 Bee Ridge Road Sarasota FL 34239	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

March 3 2010

X

Signature of a member or authorized representative of a member

Bert Leereveld

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

2010 MAR 29 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED