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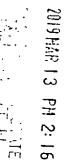
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

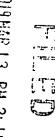
Office Use Only



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COVER LETTER

FO: Registration Se Division of Cor			
SUBJECT: Sloane	Real Estate, LLC	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Guy Rabideau, Es	9. Name of Person	
	Rabideau Law, P.		
	Radidead Law, 1.	Firm/Company	
	400 Royal Palm W	ay, Suite 404	
		Address	
	Palm Beach, FL 3	3480 City/State and Zip Code	
	grabideau@rabidea	u-law.com to be used for future annual report noti	tication)
For further information e	oncerning this matter, please ca	·	icación
Guy Rabideau, E	sq. f Person	at (561) 655-622 Area Code Davtim	l e Telephone Number
Name o	1: 615011	Alea Code Dayiini	e Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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

Sloane Real Estate, LLC

2019 MAR 13 PM 2: 16

(<u>Name of the Limited Liat</u> (A Flor	rida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on <u>February 5, 2010</u> and assigned
Florida document numberL10000013630	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
Kevin Sloane Real Estate, LLC	
The new name must be distinguishable and contain the words "I	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 AD)	DRESS)
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office ad Name of New Registered Agent:	gistered office address on our records, <u>enter the name of the new</u> ddress here:
New Registered Office Address:	
	Enter Florida street address
	, Florida
 .	City Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the I complete performance of my duties, and I am familiar with and I agent as provided for in Chapter 605, F.S. Or, if this document is ered office address, I hereby confirm that the limited liability te.

If Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			☐ Change
			☐ Remove
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ote:	ve date, if other retive date is listed, the If the date inserted ent's effective date	in this block does	s not meet the app	plicable statutory	or more than 90 days filing requirements	optional) after filing.) Pursuant t, this date will not b	to 605.0207 be listed as
	ord specifies a 90th day after			not an effecti	ve time, at 12:	01 a.m. on the e	earlier of
ated .	March 12		2019	9			
	Ζ,	/Signatur					
	_/	AVI	43/120 /	CNREIGNIA	<u> </u>	 	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00