L10000015457

(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



700196245877

03/01/11--01016--011 **25.00

T. CLINE MAR - 2 2011

EXAMINER

SECRETARY OF STATE

COVER LETTER

TO: Registration Division of C		
SUBJECT:	SLOV	V ROLL, LLC
		ited Liability Company
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.
Please return all corres	pondence concerning this matte	r to the following:
MICHAEL E. DEAN Name of Person		
	D	EAN LAW FIRM, LLC
		Firm/Company
230 NE		25TH AVENUE, SUITE 300
		OCALA EL 24470
		OCALA FL 34470 City/State and Zip Code
		KE@DEANFIRM.COM to be used for future annual report notification)
For further information	concerning this matter, please of	·
Amanda	of Person	at (_352_)387-8700 Area Code & Daytime Telephone Number
. varie	or reison ,	Area Code & Daytine Telephone Number
Enclosed is a check for	the following amount:	₹ _G ≿
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, 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

	SLOW ROLL, LLC				
(<u>N</u>	ame of the Limited Liability Company as it now appe- (A Florida Limited Liability Company)	ars on our records.)	•		
The Articles of Organization	for this Limited Liability Company were filed on	02/10/2010	and	d assign	ied
Florida document number	L10000015457			_	
This amendment is submitted	to amend the following:				
A. If amending name, enter	the new name of the limited liability company he	ere:			
The new name must be distingu	ishable and end with the words "Limited Liability Comp	pany," the designation "L	LC" or	the abbr	eviacio
Enter new principal offices	address, if applicable:		Fa	201	
(Principal office address MU	OT DE 4 OTDEEM ADDRESS		11.12 11.12 11.12		J.
			20	1	e de la composition della comp
Enter new mailing address,	if applicable:		四代 17点 - n イマ	Terror Response	
(Mailing address MAY BE A	POST OFFICE BOX)		20 A		
B. If amending the regist registered agent and/or the	ered agent and/or registered office address on new registered office address here:	our records, enter th	ie nam	e of tl	ne ney
Name of New Regis	tered Agent:				
New Registered Off		nter Florida street addr			
	<u> </u>				
	City	, Florida		ode	

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 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

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> <u>Name</u> **Address** Type of Action MGRM DAVE YACHABACH ✓ Add ☐ Remove 2206 SW 95TH TERRACE GAINESVILLE FL 32607 ☐ Add ☐ Remove ☐ Add Remove Reniove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **FEBRUARY 11** 2011 Dated _ Signature of a member or authorized representative of a member **CRAIG SIMMONS** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00