

L10000029174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

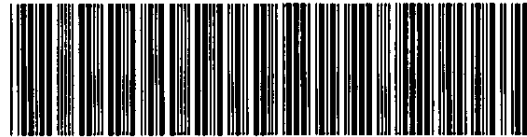
(Business Entity Name)

(Document Number)

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14 MAY 16 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. STEVEN MAY 27 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Low-Slope Solutions, 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:

Gina M. Pellegrino, Esquire

Name of Person

Iurillo Law Group, P.A.

Firm/Company

5628 Central Avenue

Address

St. Petersburg, FL 33707

City/State and Zip Code

gpellegrino@iurillolaw.com

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

For further information concerning this matter, please call:

Gina M. Pellegrino, Esquire

Name of Person

at ( 727 ) 895-8050

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**

Low-Slope Solutions, 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 March 16, 2010 and assigned Florida document number L10000029174.

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)**

111 2nd Avenue NE, Suite 1401

St. Petersburg, FL 33701

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

111 2nd Avenue NE, Suite 1401

St. Petersburg, FL 33701

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Iurillo Law Group, P.A.

New Registered Office Address:

5628 Central Avenue

Enter Florida street address

St. Petersburg

City

Florida

33707

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 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.*

Maria M. Pedregon, OF IURILLO LAW GROUP, P.A.  
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Amanda A. Holup	111 2nd Ave. NE - Suite 1401	<input type="checkbox"/> Add
		St. Petersburg, FL 33715	<input checked="" type="checkbox"/> Remove
AMBR	Amanda A. Holup	111 2nd Avenue NE, Suite 1401	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

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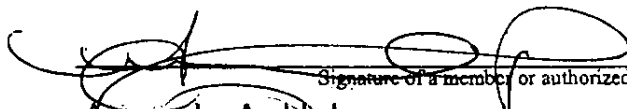
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 16, 2014.



Signature of a member or authorized representative of a member

Amanda A. Holup

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
14 MAY 16 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA