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| (Re                     | equestor's Name)   |                                       |
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| (Cit                    | ty/State/Zip/Phone | · #)                                  |
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| PICK-UP                 | ☐ WAIT             | MAIL                                  |
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| (Bu                     | siness Entity Nan  | ne)                                   |
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| Certified Copies        | Certificates       | of Status                             |
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| Special Instructions to | Filing Officer:    |                                       |
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Office Use Only



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C. LEWIS

APR 6 2010

EXAMINER

## CQVER LETTER

| TO: Registration Section Division of Corpor |  | ι, |
|---|--|----|
| SUBJECT:                                    | SLS9, LLC  Name of Limited Liability Company   |    |
|   | Name of Limited Liability Company  |    |
| The enclosed Articles of Am                 | endment and fee(s) are submitted for filing.   |    |
| Please return all corresponde               | ence concerning this matter to the following:  |    |
| _   | ASEQUE. TAREQ  |    |
|   | Name of Person   |    |
|   | Firm/Company   |    |
| -   | 5731 Tuscony Way Tomano  |    |
|   | Tamanae FL-3332  City/State and Zip Code   |    |
| -   | E-mail address: (to be used for future annual report notification)   |    |
| For further information conc                | erning this matter, please call:   |    |
| ASEQUE<br>Name of Pe                        | TAREO at 954) 9 557 - 142   Area Code & Daytime Telephone Number   |    |
| Enclosed is a check for the fo              | ollowing amount:   |    |
| \$25.00 Filing Fee                          | 2830.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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 APR-5 AM III: 33

|   | Isability Company as it now appears on our records SEE, FLORIDA                      |  |  |
|---|--|--|--|
| (Name of the Limited Li<br>(A F   | lability Company as it now appears on our records.                                   |  |  |
| The Articles of Organization for this Limited Liability Company were filed on Manch 29, 2010 and assigned |  |  |  |
| Florida document numberL_100000   |  |  |  |
| This amendment is submitted to amend the follow   | ving:  |  |  |
| A. If amending name, enter the new name of the  | he limited liability company here:   |  |  |
| The new name must be distinguishable and end with to "L.L.C."   | the words "Limited Liability Company," the designation "LLC" or the abbreviation     |  |  |
| Enter new principal offices address, if applicab  | ole:   |  |  |
| (Principal office address MUST BE A STREET  | ADDRESS)   |  |  |
| Enter new mailing address, if applicable:   |  |  |  |
| (Mailing address MAY BE A POST OFFICE BO  | <u> </u>   |  |  |
|   |  |  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office              | registered office address on our records, enter the name of the new ce address here: |  |  |
| Name of New Registered Agent:   |  |  |  |
| New Registered Office Address:  | Enter Florida street address   |  |  |
|   | , Florida  |  |  |
|   | City Zip Code  |  |  |
| New Registered Agent's Signature, if changing Re  | gistered 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

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 Type of Action **Address Title** Name | 8072 NW 41 CT AFSANA BAIG MGR ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 04-01-10 Dated Signature of a member or authorized representative of a member ASEQUE TARE Q
Typed or printed name of signee

Filing Fee: \$25.00

Page 2 of 2