## LIROUDDA9754

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Na	me)			
(Do	cument Number) _ Certificate				
Special Instructions to Filing Officer:					
		:			

Office Use Only



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oo.5g不是最高了了了多不多。

SECRETARY OF STATE TALLAHASSEE, FLORIDA

D. BRUCE SEP 2 4 2012 EXAMINER

## COVER LETTER

	ration Section on of Corporations		
SUBJECT: _	SL Po	ortable, LLC	
M	Name of Limi	ted Liability Company	
The enclosed A	rticles of Amendment and fee(s) are sub	omitted for filing.	
Please return al	correspondence concerning this matter	to the following:	
		Robert Urbanek	
		Name of Person	•
		SL Portable, LLC	·····
		Firm/Company	
	Fern	andina Beach, FL 32034	
		City/State and Zip Code	SEC 72.
rc		bby@slportable.com	SEP AP
•	E-mail address: (	to be used for future annual report notification	PASS 21 FLAR
For further info	rmation concerning this matter, please of	all:	
	Robert Urbanek	. 210 . 7/1	-1191 - FLORI
	Name of Person	at ( 219 ) 741  Area Code & Daytime Tele	phone Number SS 3
Enclosed is a ci	neck for the following amount:		
<b>\$25.00</b> Filin	g Fee \$\int \\$30.00 \text{ Filing Fee & Certificate of Status}	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

		ortable, LLC			
(Na	me of the Limited Liability C (A Florida Lin	ompany as it now appenited Liability Company	ars on our records.)	<del></del>	
The Articles of Organization f	or this Limited Liability Cor	npany were filed on	March 01, 2012	and assigned	
Florida document number	L12000029754				
This amendment is submitted	to amend the following:				
A. If amending name, enter	the new name of the limite	d liability company h	ere:		
The new name must be distinguing.	shable and end with the words	"Limited Liability Com	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices a	nddress, if applicable:				
(Principal office address MU	ST BE A STREET ADDRE	<u>SS)</u>			
		<del></del>		Des 3	
				SE SE	
Enter new mailing address, i	if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	<u>POST OFFICE BOX)</u>				
B. If amending the registoregistered agent and/or the r			our records, <u>enter t</u>		
Name of New Regis	tered Agent:	<del>,,,<u>,,,</u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			
New Registered Offi	ce Address:		Enter Florida street addı	ess	
	·	, Florida			
	<del></del>	City		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 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** Address **Type of Action** Name | MGR Paige White ✓ Add ☐ Remove 4036 Bluebill Dr Greenville, NC 27858 ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Robert Urbanek Typed or printed name of signee

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Filing Fee: \$25.00