

L13000104167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

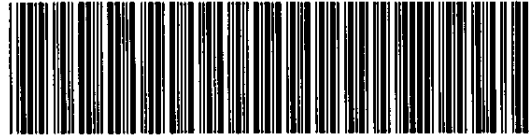
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13th Nov 2013 OCT 02 2013

rehab

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 3 Slopes Management, 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:

MWAMBA, Batenga  
Name of Person

3 Slopes International LLC  
Firm/Company

12781 MIRAMAR PARKWAY #203  
Address

MIRAMAR FLORIDA 33027  
City/State and Zip Code

batenga@3slopes.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NELA CRUZ at (954) 391-8131  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

3 SLOPES Management, 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 7/23/2013 and assigned  
Florida document number L13000104167

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

3SLOPES Management LLC (Comments NO SPACE between 3SLOPES together)  
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)**

12781 MIRAMAR PARKWAY #203  
MIRAMAR FLORIDA 33027

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

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

12781 MIRAMAR PARKWAY #203  
MIRAMAR FLORIDA 33027

**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:

New Registered Office Address:

Enter Florida street address

Florida

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 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	
_____	_____	_____	Add
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_____	_____	_____	
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	

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 TALLAHASSEE, FLORIDA

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

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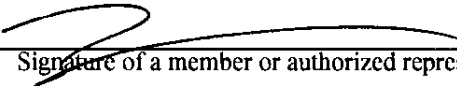
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Dated \_\_\_\_\_, \_\_\_\_\_.

  
Signature of a member or authorized representative of a member

Mwamba, Batsenga  
Typed or printed name of signee

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Filing Fee: \$25.00

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