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COVER LETTER

TO:	Registration Se Division of Cor			
CITO	ECT: SLR	G, LLC		
SUBJ			ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	indence concerning this matter	to the following:	
	1	5.6		
		Richard Co	rrales	
			Name of Person	
			Firm/Company	
		6000 Collin	s Ave., Unit 519	J
			Address	······································
		Miami Bead	ch, FL 33140	
		<u> </u>	City/State and Zip Code	
_		rc@sl-rg.com E-mail address: (to be used for future annual report notifi	cation)
For fi	urther information c	oncerning this matter, please c		•
·	chard Co	_	305, 793-3	230
		f Person	u:\/	Telephone Number
Enclo	sed is a check for th	ne 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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SLRG, LLC						
(Name of the Lim	ited Liability Compa (A Florida Limited I	nv as it now appears on our re liability Company)	cords.)			
The Articles of Organization for this Limited I Florida document number L13000178332		were filed on 12/31/201	3	aı	nd assi	gned
This amendment is submitted to amend the fol	llowing:					
A. If amending name, enter the new name	of the limited liab	ility company here:				
The new name must be distinguishable and end with the	e words "Limited Liab	oility Company," the designation	"I.I.C" or tl	ne abbrevia	ition "L.	L.C."
Enter new principal offices address, if appli	icable:	6000 Collins Ave., l	Jnit 519			
(Principal office address MUST BE A STRE	ET ADDRESS)	MIAMI Beach, FL 3	3140			
		·				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6000 Collins Ave., Unit 519				
		MIAMI Beach, FL 33140				
B. If amending the registered agent and			ords, <u>ent</u>	er the n	ame o	f the ne
registered agent and/or the new registered of	office address her	<u>e</u> :		***		
Name of New Registered Agent:	SG Law Gr	oup	_	- 1	724 274	
New Registered Office Address:	2665 S. Ba	yshore Dr., Ste 220		1 ±	(C)	
		Enter Florida street aa		<u> </u>		: ;.,
	Coconut Gi	rove	, Florida	33133	<u>;</u>	<u> </u>
New Registered Agent's Signature, if changing	Registered Agent:	Cny		Zap 	Code 177 1587	•
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete	performance of my duties	s, and I al	m familie	ar with	and

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u> </u>			
			CI Remove
			
		 	Add
			□ Remove
			····
 			Add
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			Remove
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			□ Remove

5. If amending any other miorination, enter change(a) nere: (Anaci	adamonai sneets, ij necessary.i
inglish day your market to the commentation of	
Effective date if other than the date of filing-	(antional)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt of filed date and	cannot be more than 90 days after
the date this document is fited by the Florida Department of States	
Dated July 29 2014	
Dated	`
- Colored	_
Signature of a plember of authorized repre-	
• •	enditive or a racinos
Wichard Carraige /	
Richard Corrales /	

Page 3 of 3

Filing Fee: \$25.00