## 14000117903

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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06/27/18--01001--030 **\*\***25.00



## **COVER LETTER**

TO:	Registration Se Division of Cor			
		ck Fine Homes LLC		
SUBJE	.C1:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-		
		Robert Slack		
			Name of Person	
		Robert Slack LLC		
			Firm/Company	<del></del>
		3220 SW 31st Rd, Ste 2	01	
		· · · · · · · · · · · · · · · · · · ·	Address	•
		Ocala, FL 34474		
			City/State and Zip Code	
		robert@robertslack.com	to be used for future annual i	enort notification)
For fur	ther information c	oncerning this matter, please ea		open notification)
LJ Gu		oncerning and manor, product of		⊢6982 ext106
		f Person	Area Code	Daytime Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>S</b> \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &
	Registr Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	Registrati	COURIER ADDRESS: on Section of Corporations uilding

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROBERT SLACK FINE HOMES, LLC			
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our rec Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Company Florida document number L14000117903 .	were filed on July 28th 201	4 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
ROBERT SLACK, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	.LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3220 SW 31st Rd Ste#20	)1	
(Principal office address MUST BE A STREET ADDRESS)	Ocala, FL 34474		
Enter new mailing address, if applicable:	3220 SW 31st Rd Ste#20	)1	
(Mailing address MAY BE A POST OFFICE BOX)	Ocala, FL 34474		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ords, enter the name of the ne	
registered agent and/or the new registered office address her	<u>c</u> .		
Name of New Registered Agent:			
New Registered Office Address:			
registered office /tdate/id.	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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of my duties,	, and I am familiar with and	
being filed to merely reflect a change in the registered office	address, I hereby confirm	that the limited liability	

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If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR= M AMBR= A	anager uthorized Member		
Title '	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Add
			Remove
			☐ Change
			O Add
			C Remove
			Change
			D Add
			Remove
			Change
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ote: If the date inser	ter than the date of filing d, the date must be specific and rted in this block does not m date on the Department of Si	neet the applicable s	e of filing or more that statutory filing requi	(optional) n 90 days after filing.) F irements, this date w	Pursuant to 605,0207 (3)(b) ill not be listed as the
record specifies	s a delayed effective d ter the record is filed.	ate, but not an	effective time,	at 12:01 a.m. oi	n the earlier of:
The 90th day aff					
The 90th day aff		2018			
June 25th	Kobert	Slack	representative of a m		

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Filing Fee: \$25.00