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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Number : I20000000205 Phone : (305)416-6800 Fax Number : (305)416-6811

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SLS 2101 LLC

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Help

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COVER LETTER

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SUBJECT:	SLS 2101 L			
SUBJECT:			ited Liability Company	
		Amendment and fee(s) are sub		
		Diane M. Hernandez		
			Name of Person	
		Adams Gallinar, P.A.		
			Firm/Company	
		1000 Brickell Avenue, Sui	te 300	
			Address	
		Miami, Florida 3313)		
			City/State and Zip Code	
		dhernandez@agilaw.com E-mail address: (to be used for future annual report not	ification)
For further in	nformation c	oncerning this matter, please ca	·	,
Diane M. He	emandez		305 416-6800 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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 (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
Tallahassec, FL 32301

08/23/2016 12:05

3054166811

ADAMS GALLINAR PA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SLS 210	1 LLC		
(Name of the Limited Liability Campa (A Florida Limited	iny as it new appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L14000125654	were filed on 8/11/2014 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	illty company here:		
801 South Miami Ave 2101, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	68 SE 6th Street		
(Principal office address MUST BE A STREET ADDRESS)	Apt. 1009		
	Miami, FL 33131		
Enter new mailing address, if applicable:	68 SE 6th Street		
(Mailing address MAY BE A POST OFFICE BOX)	Apt. 1009		
	Miami, FL 33131		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, enter the name of the nev		
New Registered Office Address:	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	City F STA		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as plaining filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		
. If Char	nging Registered Agent, <u>Signature of New Registered Agent</u>		

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MGR = Manager

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

AMBR = A	authorized Member			
<u>Title</u>	Name	Address		Type of Action
				Add
				☐ Remove
				Change
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Dated Augus	1 23	2016	 	CO COS
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		Machile		
_		Signature of a member or an	uthorized representative of a member	<u> </u>
_				Q P
Ro	bert R. Ada	ms, Esq. Authorized Representative	C C	س ہے
-		Tuned or no	inted name of signee	THE PERSON NAMED IN COLUMN 1

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Filing Fee: \$25.00