# 3054166811 Florida Department of State

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIG

## **SLS 5207 LLC**

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#### **COVER LETTER**

	Registration Se Division of Cor						
CHD IF		SLS 5207 LLC					
SUBJEC	J1:	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please re	eturn all correspo	ndence concerning this matter	to the following:				
		Diane M. Hernande	z				
			Name of Person				
		Adams Gallinar, P.A	۸.				
			Firm/Company				
	1000 Brickell Avenue, Suite 300						
			Address				
		Miami, Florida 3313	1				
		·	City/State and Zip Code				
		dhernandez@agilaw	.COM to be used for future annual report noti	floation			
For furth	er information c	oncerning this matter, please c	•	, reaction y			
Diane	M. Hernand	ez	305 416-6800	)			
	Name o	f Person	at () Area Code Daytim	e Telephone Number			
Enclosed	l is a check for th	ne following amount:					
\$25.0	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 (additional copy is enclosed)			
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle			

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SLS 520	I/ LLC		
(Name of the Lim)	ted Liability Compar (A Florida Limited L	ny as it now appears on our records iability Company)	<u>.</u> )	
The Articles of Organization for this Limited L Florida document number <u>L14000125699</u>	lability Company	were filed on 08/11/2014	and assigned	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liabi	lity company here:		
The new name must be distinguishable and end with the	words "Limited Liabi	lity Company," the designation "LLC	"or the abbreviation "L.L.C."	
Enter new principal offices address, if appli-	cable;			
(Principal office address MUST RE A STRE	E <u>T ADDRESS)</u>			
•				
Enter new mailing address, if applicable:		1000 Brickell Avenue		
(Mailing address MAY BE A POST OFFICE	BOX)	Suite 300		
		Miami, Florida 33131		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	ffice address here		14 0 SECTALL	
New Registered Office Address:	1000 Bricke	ll Avenue, Suite 300	E C C	
	Miami	Enter Florida street address	SS 65 P 10 10 10 10 10 10 10 10 10 10 10 10 10	
		City	Zipi Code	
New Registered Agent's Signature, if changing			25 J	
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office change.	performance of my duties, an provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is not the limited liability	
	Page 1		A CLUB ASSESSION FOR CHEST	

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:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	M&M Management Group, UC	1000 Brickell Avenue	<b>A</b> dd
-		Suite 300	□ Remove
		Miami, Florida 33131	
MGR	Miguel Loor	9660 Fontainebleau Blvd.	□ Add
		Unit 12	■ Remove
		Miami, Florida 33172	
MGR	Miguel A Loor Centeno	9660 Fontainebleau Blvd.	Add
		Unit 12	■ Remove
		Mlami, Florida 33172	
MGR	Paulina Molina Molina	9660 Fontainebleau Blvd.	□ Add
		Unit 12	A CRemove
		Miami, Florida 33172	CRET CAHA
			SSET D Add
			F S Regipve
			52 NE NDA
			D Add
			□ Remove

12/16/2014	16:48
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. If amending any other information,	enter change(s) here: (Attach addit	ional sheets if necessary)
amversamp and owner amountainenting	anna municipality and as (1111) mare mount	ronas anoma, y noodabat gr
Effective date, if other than the date (The effective date must be specific, cannot be the date this document is filed by the Florida I	prior to date of receipt or filed date and cannot	(optional) t be more than 90 days after
Dated December 15	2014	· •
	Deding	•
	sture. of a member or authorized representative	re of a member
Robert R. Adams, Esc	., Authorized Representative	
<del></del>	Typed or printed name of signee	

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Filing Fee: \$25.00

SECRETARY OF STATE