

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
,
Certified Copies Certificates of Status
Continued Copies
Special Instructions to Filing Officer:

Office Use Only



300309462523

12/28/18--01014--007 **25.00

6.07 TO 509 SNOWING O

COVER LETTER

TO:	Registration Se Division of Cor			
CHIDI	Slover & S	mith, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The ci	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		Kramer A. Litvak		
			Name of Person	
		Litvak Beasley Wilson & I	Ball, LLP	
			Firm/Company	
		226 E. Government Street		
			Address	
		Pensacola, Florida 32502		
			City/State and Zip Code	
		kramer@lawpensacola.com		
		E-mail address: (to be used for future annual report notif	fication)
For fu	rther information c	oncerning this matter, please ca	all:	
Kram	er A Litvak		850 432-9818 at ()	
	Name o	of Person	Area Code Daytime	e Telephone Number
Enclo:	sed is a check for th	he following amount:		
□ \$2	25.00 Filing Fce	☐ \$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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Slover & Smith, LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records a Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability C Florida document number L14000174248	Company were filed on November 7, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Slover & Smith Properties, LLC		
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address.		GRETARY OF STATE AND A Che new of the new of
		,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	Y
	, Flo	orida
	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 605, 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 atnending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager - uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			☐ Remove
			Change
		,42	Add
			Ti ∏iRemove
			☐ Change
			Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
			□ Changa

							
			<u> </u>		· · · · · ·		
							
							
				<u> </u>			
						> 195	6
						E Co	2 1
							28
						- (S)	•
						3	5 5 63 63
						٠ . '	OF THE ST
							7
					<u> </u>		
ffective date, if other than the	date of filir	ng:			(or	tional)	
ffective date, if other than the an effective date is listed, the date mus inte: If the date inserted in this bloom.	be specific ar	nd cannot be p	orior to date o	of filing or more	than 90 days at	ter filing.) Pur his date will	suant to 605.0
ocument's effective date on the De	partment of	State's reco	rds.	tatory timig i	.quirements, t	ms date win	not be nated
e record specifies a delayed The 90th day after the rec			not an e	ffective tim	e, at 12:01	La.m. on t	he earlie
The 90th day after the reco	ira is illea	l. .					
December 19		2017					
	00	_ ,	·	_	.1		
1 / 1/5/	1m			ohna.	Sutto		
/ Charles V. (1)				presentative of	<u> </u>	_	

Page 3 of 3

Filing Fee: \$25.00