Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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From:

Account Name

: BLACKLEDGER ENTITY MANAGEMENT LLC

Account Number : I20150000089

: (305)444-8800

Phone Fax Number

: (305)444-4010

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SLS RESIDENCE TWO LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Hel

09:31:07 a.m.

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

02-29-2016 #16000

SLS RESIDENCE TWO LLC

(Name of the Limited Linbility Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on 02/06/2015	and assigned
Florida document number L15000023608	.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
MLU RESIDENCE LLC		
The new name must be distinguishable and contain the words "L	imited 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 AD	DRESS)	
		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	····	
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flor	rida
·	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

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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	H160000504263	
<u> Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
·	<u> </u>		Add
		***************************************	□ Remove
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