## N50000 46906

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(Document Number)
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: SLOA	Name of Limit	SOLUTI ted Liability Company	EONS L	LC
The enclosed Articles of Ai	nendment and fee(s) are subm	nitted for filing.		
Please return all correspond	lence concerning this matter t	o the following:		
	TYLER	Name of Person	SLOAN	
	SLOAN N	CEALTY Firm/Company	SCLUT	TONS
	1916 E	East 5.eff	-erson S	3+,
	Olland	City/State and Zip Co	3 280 ode	3
		103 O GOI o be used for future ann		
For further information con	cerning this matter, please ca		an report norment	····)
	Sloan		35-3-3 Daytime Tele	SZ3Y
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	図330.00 Filing Fee & Certificate of Status Cとせ 1861	S55.00 Filing F Certified Copy (additional copy is	,	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, FL	porations	Regi Divi The	t Address: estration Section sion of Corpora Centre of Talla 5 N. Monroe St	ations thassee

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SLOAD REAL (Name of the Limited Liability Compa (A Florida Limited I	TY SOUTEOUS  my as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document numberL   5 0000 4690k	1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1916 E. Jefferson St
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32803
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	100 min
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
agent and of the new registered winee address here.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<del></del>	. Florida 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.

M Changing Registered Agent, Signature of New Registered Agent

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kenneth J. Sloan	1916 Stanley St	\X\Add
		1916 StanleySt Orlando, FL 32803	□Remove
			□Change
			□Add
			□Remove
			Table Defininge DAdd All Company
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			□Change

ective date, if other than the date of filing:	2621 NOV 19 AM 9: 45
n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after files. If the date inserted in this block does not meet the applicable statutory filing requirements, this d	807   335 SVR 7.
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	ing.) Pursuant to 605.0207
secord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) s filed.	The 90th day after the
Ad November 16 2021.	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00