10/6/2017

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000263777 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DELOACH, PL

Account Number : I2003000012S

Phone

: (407)480-5005

Fax Number

: (407)480-5025

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

Email Address: geoff@deloachplanning.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SLOTH HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

H17000263777 3

https://efile.sumbi2.org/scripts/efilcovr.exe

PAGE 01/04

C

1/1

01/10/5013 51:13 DELOACH PL 4074805625

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H17000263777 3

H17000283777 3

Sloth Holdings, LLC	
(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L15000209445</u>	npany were filed on December 17, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	ed liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- 2
(Principal office address MUST BE A STREET ADD)	<u> </u>
	\$
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:	ered office address on our records, enter the name of the new ess here:
 -	
New Registered Office Address:	Enser Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered A	
provisions of all statutes relative to the proper and con accept the obligations of my position as registered ages	nd agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is a office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent
1	Page 1 of 3

01/13/2013 51:13 40/4802052 DEFOWCH BF BVCE 05/04

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>l'itle</u>	<u>Name</u>	Address	Type of Action
AMBR	ANTHONY RIZZO	6220 NW 74TH COURT	Add
	REVOCABLE TRUST DATED 2/15/15	PARKLAND, FL 33067	∃ Remove
			☐ Change
MGR	Anthony V. Rizzo	6220 NW 74TH COURT	∃ Add
		PARKLAND, FL 33067	□ Remove
			Change
MGR	John A. Rizzo	6220 NW 74TH COURT	🛱 Add
		PARKLAND, FL 33067	☐ Remove
			□ Change
			□ Remove
			Change
			□ Remove □ ;
			□ Change ☐
			☐ Remove
			Ei Change

Page 2 of 3

H17000263777 3

to be taken by the Manag	gers unless approval by the other Managers or Members is otherwise expressly req	uired	
by the Operating Agreer	ment or the Florida Limited Liability Company Act, as set forth in Florida Statutes,	<u> </u>	
Chapter 605.			
	·		
			
ote: If the date inserted in ocument's effective date on	(optional) atc must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purithis block does not meet the applicable statutory filing requirements, this date will the Department of State's records. Clayed effective date, but not an effective time, at 12:01 a.m. on the record is filed.		
THE SOLITORY CITCLES	, vacara 10 1114 =		
	2010		
ated October 6	, 2017	****	2
ated October 6		3 0	2017 (
October 6			2017 007
ated October 6	Signature of a member or authorized representative of a member	54 (c)	2017 OCT -6
ated October 6	RP Signature of a member or authorized representative of a member	7	
ated October 6	Signature of a member or authorized representative of a member	7	2017 OCT -6 AMII: 03

01/13/5013 51:13 40/4802052 DEFOYCH BF BY 64/04