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TO:	Registration Se Division of Cor							
21/12/17		OLDINGS LLC						
SUBJECT: Name of Limited Liability Company								
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspo	ndence concerning this matter	to the following:					
		Paula Barnett						
			Name of Person					
		PinoNichotson, PLLC						
Firm/Company								
		189 S. Orange Ave., Suite	1650					
			Address					
		Orlando, FL 32801						
			City/State and Zip Code					
		pbarnett@pinonicholsonlav E-mail addiess: (c.com to be used for future annual report notif	ication)				
For fur	ther information co	oncerning this matter, please ca						
Paula I	Barnett		407 956-4245 at () Area Code Davtime					
	Name of	Person	Area Code Daytime	Telephone Number				
Enclose	ed is a check for th	e following amount:						
■ \$25	5,00 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)				

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT T() ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	it now appears on our records.) ty Company)
he Articles of Organization for this Limited Liability Company were lorida document number 1.16000030915	e filed on 02/12/2016 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability	company here:
SL Holdings LLC	
ne new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	A A G
	6 23 5 5 5 7
nter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	7H 5: 42
	
. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:	address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If 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>	<u>Address</u>	Type of Action
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			Add
			Remove
			Change
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Typed or printed name of signee

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Filing Fee: \$25.00