

h16 000038440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

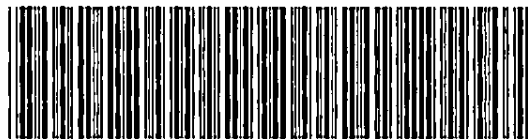
(Business Entity Name)

(Document Number)

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22 FEB -7 PM 3:13

T. MATTHEWS

FEB 18 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

Slanting Bridge Village LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Allen Steinfeld

Name of Person

Slanting Bridge Village LLC

Firm/Company

4023 Flats Main St. #410

Address

Indian Land, SC 29707

City/State and Zip Code

Steinfeld4@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allen Steinfeld

Name of Person

at (941) 773-3702

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Slanting Bridge Village LLC 22 FEB -7 PM 3:13

(Name of the Limited Liability 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 2/24/2016 and assigned  
Florida document number L16000038440.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

4023 Flats Main St., #410  
Indian Land, SC 29707

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4023 Flats Main St., #410  
Indian Land, SC 29707

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Loreen Steinfeld

New Registered Office Address:

2350 Rose St.

Enter Florida street address

Sarasota

City

Florida

34239

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.*

Loreen Steinfeld

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>	<u>Type of Action</u>
AMBR	Loreen Steinfeld	1705 Spring Creek Dr.	<input type="checkbox"/> Add
		Sarasota, FL 34239	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	IRA Service Trust Co.	1705 Spring Creek Dr.	<input type="checkbox"/> Add
		Sarasota, FL 34239	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Allen Steinfeld	4023 Flats Main St., #410	<input type="checkbox"/> Add
		Indian Lane, SC 29707	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	IRA Resources Inc.	100 Pringle Ave., Ste. 650	<input checked="" type="checkbox"/> Add
		Walnut Creek, CA 94596	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

1. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 3rd, 2022.

Allen Steinfeld  
Signature of a member or authorized representative of a member

Allen Steinfeld  
Typed or printed name of signer