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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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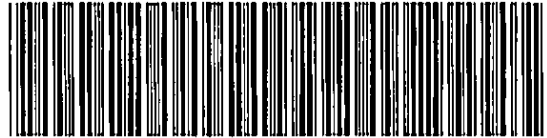
(Business Entity Name)

(Document Number)

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MAY 22 2019

2019 MAY -9 PM12:37
SECRETARY OF STATE
TALLASSEE, FL

FILED

Handwritten signature

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SLINGTHING, 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:

COLIN E LAMB

Name of Person

SLINGTHING, LLC

Firm/Company

2251 NE 19TH AVE #23

Address

OCALA, FL 34470

City/State and Zip Code

SLINGTHINGTRAILER@GMAIL.COM

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

For further information concerning this matter, please call:

COLN E LAMB

352 817-9353
at ()

Name of Person

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

SLINGTHING LLC

(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 03/07/2016 and assigned
Florida document number L16000047521.

This amendment is submitted to amend the following:

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

N/A

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)

2251 NE 19TH AVE #23

OCALA, FL 34470

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2251 NE 19TH AVE #23

OCALA, FL 34470

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2019 MAY -9 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FL

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: COLIN E LAMB

New Registered Office Address: 2251 NE 19TH AVE #23

Enter Florida street address

OCALA, Florida 34470
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

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>
MGR	COLIN E LAMB	2251 NE 19TH AVE #23	<input checked="" type="checkbox"/> Add
		OCALA, FL 34470	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	HEATHYR M LAMB	2551 NE 19TH AVE #23	<input checked="" type="checkbox"/> Add
		OCALA, FL 34470	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	VAN STOCKWELL	3941 TAMiami TRAIL 3157-116	<input checked="" type="checkbox"/> Add
		PUNTA GORDA, FL 33950	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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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.

AY 6 _____ 2019 _____

Signature of a member or authorized representative of a member

Colin E. Lamb

Typed or printed name of signer