

L16 000145502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

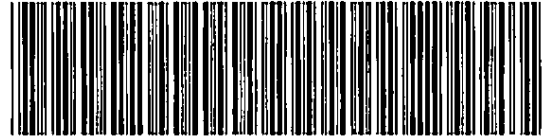
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

US  
2/4/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SLAD LOGISTICS 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:

SHEILA GREEN-KEYES

Name of Person

Firm/Company

1619 S. HAWTHORNE AVE

Address

APOPKA, FLORIDA 32703

City/State and Zip Code

CONSISTENTGRACELLC@GMAIL.COM

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

For further information concerning this matter, please call:

SHEILA GREEN-KEYES

at (407) 7521859

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FL

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

SLAD LOGISTICS 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 08/03/2016 and assigned  
Florida document number L16000145502.

This amendment is submitted to amend the following:

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

CONSISTENT GRACE LLC

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)

1619 S. HAWTHORNE AVE

APOPKA, FLORIDA 32703

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

SHEILA GREEN-KEYES

New Registered Office Address:

1619 S HAWTHORNE AVE

Enter Florida street address

APOPKA

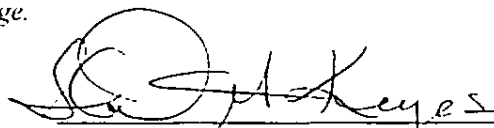
City

Florida 32703

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

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TALLAHASSEE, FL.

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          | SHEILA GREEN-KEYES | 1619 S. HAWTHORNE AVE | <input checked="" type="checkbox"/> Add    |
|              |                    | APOPKA, FLORIDA 32703 | <input type="checkbox"/> Remove            |
|              |                    |                       | <input type="checkbox"/> Change            |
| OWNER        | ROBIN KEYES        | 1619 S. HAWTHORNE AVE | <input type="checkbox"/> Add               |
|              |                    | APOPKA, FLORIDA 32703 | <input checked="" 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            |
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|              |                    |                       | <input type="checkbox"/> Change            |
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|              |                    |                       | <input type="checkbox"/> Remove            |
|              |                    |                       | <input type="checkbox"/> Change            |

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(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)

Dated DECEMBER 10, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**