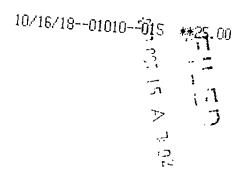
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## **COVER LETTER**

то:	Registration Sec Division of Corp				
etin ir		LLC, A FLORIDA LIMITED	LIABILITY COMPANY		
SUBJEC	.l:	Name of Lin	nited Liability Company	<del></del>	
The encl	osed Articles of a	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspon	ndence concerning this matter	to the following:		
		INGRID D RODRIGUEZ			
			Name of Person	_	3
			Firm/Company		5
		2221 NE 164 STREET, S	UITE 372		الب.
			Address		5.0
		MIAMI, FLORIDA 33160	)		,,
		ingrid.f@metalgroupusa.co	City/State and Zip Code		
		E-mail address: (	to be used for future annual report notif	ication)	
For furth	er information co	oncerning this matter, please c	all:		
INGRID	D RODRIGUE	Z	610 639-4642		
	Name of	Person		Telephone Number	
Enclosed	is a check for th	e following amount:			
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status			□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
		NG ADDRESS:	STREET/COURII Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RGP 5206 LLC. A FLORIDA LIMITED LIA		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/29/2016	and assigned
Florida document number L16000233427	<del>_</del> ·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ted liability company here:	
SLS 5206 LLC, A FLORIDA LIMITED LIABILITY COMP	PANY	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		<u></u>
Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	, 11
		ر <
Enter new mailing address, if applicable:		, (3
Mailing address MAY BE A POST OFFICE BOX)		
, and the same same same same same same same sam		
3. If amending the registered agent and/or regist	tered office address on our records,	enter the name of the
egistered agent and/or the new registered office addr		
Name of New Registered Agent:		
New Producerd Office Address		
New Registered Office Address:	Enter Florida street address	
	. Flori	ida
	, FIOF	IGA 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>	Address	Type of Action
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E. Effective date, it	other than the (	late of fili	ng:			(	optional)		
(If an effective date is	listed, the date must inserted in this bloo	be specific a	nd cannot be p	orior to date	of filing or m	ore than 90 days	after filing.) Pi	arsuant to 605.0	0207
document's effect	ive date on the Dep	cartment of	State's reco	pricable siz rds.	ituciy iiinq	s requirements	s, uns une wi	it not be fister	ci as
document's effect	ve date on the Dep	nartment of	State's reco	rds.					
If the record spec	fies a delayed	effective	date, but	not an e	ffective t	ime, at 12:	01 a.m. on	the earlier	ro
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