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2017 MAR 28 P 12: 25

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COVER LETTER

SUBJECT:	Sledgewo	ood Properties LLC			
Sobsect.	Name of Lin	nited Liability Company		_	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspo	ondence concerning this matter	r to the following:			
		Raven Anthony			
		Name of Person			
	Broad Financial				
		Firm/Company			
	21 Robert Pitt Drive, Suite 202				
Address					
Monsey, NY 10952				20 TALL	
	City/State and Zip Code				
		nepherdsound2013@gmail.com	··	2017 MAR 28 SECRETARY LLAHASSEE	*******
	E-mail address:	to be used for future annual report no	otification)	28 8Y 0 SEE.	
For further information c	oncerning this matter, please c	all:		الا کار عربر کار	M
	Anthony	845 at ()	352-3000	RED 2	U
Name o	f Person	Area Code Dayti	me Telephone Num	iber	
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif Certifi	Filing Fee, icate of Status & ied Copy onal copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

Sledgewood P	•		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appea Liability Company)	rs on our records.)	
Γhe Articles of Organization for this Limited Liability Company	were filed on	February 24, 2017	and assigned
Florida document numberL17000044750			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company h	ere:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the d	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
		AL C	23
		AH.	
Inter new mailing address, if applicable:		ASS	
Mailing address MAY BE A POST OFFICE BOX)		m c	
		لرن مد.	D III
		STATE LORID	\$
3. If amending the registered agent and/or registered of		our records, enter t	hecaname of the
egistered agent and/or the new registered office address here	<u>e</u> :	-	
•			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	-
		. Florida	
	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>	Address	Type of Action
MGR	Michael Freeman	6932 43rd Court E	≅ Add
		Sarasota, FL 34243	□ Remove
			☐ Change
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			Remove
<u>_</u>		-	SSET 28 Add
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fan effective da <u>Note:</u> If the c	te, if other than the date of ate is listed, the date must be spec- date inserted in this block doe affective date on the Department	cific and cannot be pri	icable statutory f	r more than 90 days af	tional) ter filing.) Pu his date wil	rsuant to 60: I not be list	5.020 ted a
	pecifies a delayed effec day after the record is		ot an effectiv	e time, at 12:01	a.m. on	the earli	ier o
ated	March 22nd	2017					
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