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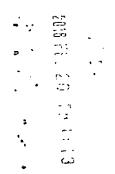
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sled Z East IN C 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:
Paul Shrader Name of Person
Sledz East, INC
298 10th ST
Holly Hill FL 32117 City/State and Zip Code GUECOSTSIEDZEhotmail. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Paul Shrader at (386) 213-0235 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & 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

Sledz	East, IN	<u>C</u>	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears of Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L170002</u>	Company were filed on <u>1</u> 27899	0/09/2017 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim Sledz Eas- The new name must be distinguishable and contain the words "Lim	t Kuston	12 LLC	_
Enter new principal offices address, if applicable:		-	
(Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>	_
	 	2 (3)	-
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	, , , , , , , , , , , , , , , , , , ,	_
			_
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the name of the	<u>nev</u>
Name of New Registered Agent:			-
New Registered Office Address:	Enter Florida	a 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
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
		☐ Remove	
			☐ Change
		Remove	
		☐ Change	
			LI Remove
			↑ □ Change
			Remove
			Change

amending any other information, enter change(s) here: (Attach additional sheets, if necess	
	-
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(options an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file of the date inserted in this block does not meet the applicable statutory filing requirements, this descument's effective date on the Department of State's records.	ing.) Pursuant to 605.020
record specifies a delayed effective date, but not an effective time, at 12:01 a.n The 90th day after the record is filed.	n. on the earlier o
ned February 13	Mar. 1 (27)
209	
Signature of a member or authorized representative of a member	
Paul Shrader	ت * ـ
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00