## 117000209732

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200310248032

03/15/18--01008--012 \*\*25.00

ar Like TARY OF STATE

018 HAR 15 AH 10: 26

## **COVER LETTER**

SUBJECT:	SLA	YER'Z LLC		
30 <b>0</b> 000001.	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of z	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
		KEESHA W STCLAIR		
	Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  KEESHA W STCLAIR  Name of Person  Firm/Company  2300 PALM BEACH LAKES SUITE 217  Address  WEST PALM BEACH/ FLORIDA 33409  City/State and Zip Code  FASHIONABLYSNOB@GMAIL.COM  E-mail address: (to be used for future annual report notification)  her information concerning this matter, please call:  IA W STCLAIR  Name of Person  Area Code  Daytime Telephone Number  d is a check for the following amount:			
		Firm/Company		
	2300 PALM BEACH LAKES SUITE 217			
		Address	<del></del>	
	WEST PALM BEACH/ F	LORIDA 33409		
	_	GMAIL.COM	· -	
	E-mail address: (	to be used for future annual report notif	ication)	
For further information co	oncerning this matter, please c	all:		
KEESHA W STCLAIR			TLAIR  The son  The proof of the state of Status & Certificate of Status & Certified Copy  The son  The proof of the state of Status & Certified Copy  The proof of the state of Status & Certified Copy	
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	e following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

MAILING ADDRESS:

Registration Section

**Division of Corporations** 

TO:

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

SLAYER'Z LLC	
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparing document number 1.17000209732	any were filed on OCTOBER 10, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability 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)	2
Enter new mailing address, if applicable:	2300 PALM BEACH LAKES SUITE 217
ailing address MAY BE A POST OFFICE BOX) WEST PALM BEACH FL 33409	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	l office address on our records, enter the name of the page.
The second secon	<u></u>
Name of New Registered Agent:	2018
New Registered Office Address:	Enter Florida street address
	Florida S
<del></del>	City ACode
New Registered Agent's Signature, if changing Registered Age	<u>m:</u> 32 2

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>	Type of Action
MGR	KEESHA W STCLAIR	4440 PORTOFINO WAY	<b>=</b> Add
		APT 303	<b>5</b> .5
		WEST PALM BEACH FL 33409	Change
	<u> </u>		
			□ Remove
			Change
		-	
			Remove
		<u>.                                    </u>	Change
			Add
		☐ Remove	
			Change
			Add
			□ Remove
			☐ Change
	<del></del>		□ Add
			Remove
			□ Change

_		· · · · · · · · · · · · · · · · · · ·	
_	· · · · · · · · · · · · · · · · · · ·		
_			
-			
_			
		2018	
		2018 HAR	
		VSS.	1
_		DI S ALL	Ċ
		26 ORIO	
		*	
_			
<u>ote:</u> 1	e date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be prior to date of filing of  the date inserted in this block does not meet the applicable statutory fint's effective date on the Department of State's records.	(optional) r more than 90 days after filing.) Pursuant to 605. ling requirements, this date will not be lister	0207 i d as t
reco	rd specifies a delayed effective date, but not an effective of the day after the record is filed.	e time, at 12:01 a.m. on the earlie	er of
nted _	March 13 , 2018.		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00