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COVER LETTER

SLS REAL ESTATE PARTNERS, LLC. SUBJECT: 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: Peter Garcia Name of Person Firm/Company 10901 NW 146 Street, Suite #1 Address Miami, Fl 33018 City/State and Zip Code petergarcia_@outlook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Peter Garcia 305 7887606 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. □ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional 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

(Name of the Limited Liabili	ty Company as it now appears on our recor Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability C Florida document number	01/29/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	18
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Enter new mailing address, if applicable:		ာ ကူသို့
(Mailing address MAY BE A POST OFFICE BOX)		3
(Mutuing dudiess MAT BE ATOST OFFICE BOX)		•
	 -	<u> </u>
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		Torida
	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>	<u>Address</u>	Type of Action
MGR	RODOLFO ALVAREZ	10901 NW 146 STREET	Add
		MIAMLEL 33166	■ Remove
AMBR	RODOLFO ALVAREZ	10901 NW 146 STREET	Add
	 	MIAMI, FL 33166	☐ Remove
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Tective date, if other than the	date of filing:	(optional)	
in effective date is listed, the date mu	st be specific and cannot be prior to date of f	iling or more than 90 days after filing.) Pursuant to 60 ory filing requirements, this date will not be lis	5.020
scument's effective date on the D	epartment of State's records.	only iming requirements, this date will not be his	tcu a
record specifies a delaye The 90th day after the rec		ective time, at 12:01 a.m. on the earl	ier (
JUNE 25th	2018		
nted	· · · · · · · · · · · · · · · · · · ·		

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Typed or printed name of signee

Filing Fee: \$25.00