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Division of Corporations

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Florida Department of State

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March 23, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SLS 1501, LLC 1425 BRICKELL AVENUE, APARTMENT 43 F MIAMI, PL 33131US

SUBJECT: SLS 1501, LLC REF: L18000043985

We received your electronically transmitted decument. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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P.O BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SLS 1501, LLC	
(Name of the Limited Liability	company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L18000043985</u>	Į
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
National Majoral AEO1 IIC	
The new name must be distinguishable and end with the words "Limit	ad Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ned office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
d. Clausture if abouting Pogictared	
New Registered Agent's Signature, if changing Registered	
provisions of all statutes relative to the proper and co	and agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability If Changing Registered Agent, Signature of New Registered Spent Page 1 of 3

lf amendi	ng the Manager	3059339393 s or Authod Memb	er on our records, enter the title.	PAGE 04/05 HIPOOOP 917 +>5 .nc, and address of each Manager or
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the date this document is filed by the Florida Depa	in date of receipt or filed date and cannot be more alw intent of State)	_ (optional) 190 days after
Dated March 20	2018	
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	Typed or printed name of signee	
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