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JEGREDAR FOR STATE TALLAHASSES FLORIDA

### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJ	ECT: SLS LUX 4908 LLC Name of Limited Liability Company
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	DIEGO GUILLEN
	SIEBER NTERNATIONAL
	Firm/Company
	1221 BRICKELL AVENUE SUITE 1420
	MIAMI, FL, 33137
	City/State and Zip Code  Comparison  E-mail address: (to be used for future annual report notification)
For fu	orther information concerning this matter, please call:
	1ego Guillen at 646, 3714088  Area Code Daytime Telephone Number
	Name of Person
Enclos	sed is a check for the following amount:
<b>©</b> S2	25.00 Filing Fee Solution Status Solution Stat

#### 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

SLS LUX 49	708 LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L180000820</u> 99	vere filed on March 30, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil.  ### ### ### ########################	n -
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	NA
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	NA
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:  Name of New Registered Agent:	
New Registered Office Address: NA	Enter Florida street address  Florida 55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
New Registered Agent's Signature, if changing Registered Agent:	City Sip Code

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

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Name Address Type of Action \_□ Add □ Remove \_ Change □ Add \_□ Remove ☐ Change \_ \ Add \_□ Remove \_□ Change \_□ Add \_□ Remove \_ Change \_□ Add □ Remove \_\_\_\_\_ Change \_ □ ∧ dd ☐ Remove \_□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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Filing Fee: \$25.00