11/26/2019

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000345149 3)))



H190003451493ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ASLAN TAX SERVICES INC

Account Number : I20140000082 Phone : (305)644-9144 Fax Number : (786)477-5802

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SLALOM GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu Hclp

> XOSD STO COC Log

## **COVER LETTER**

	•	COVERLETTER	Œ
TO: Registration Se Division of Cor			<b>~</b>
SUBJECT: SLALOM O	GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	IRMA SERNA		
		Name of Person	
	ASLAN TAX SERVICES	INC	
		Firm/Company	
	762 SW 18TH AVE		
		Address	<del></del>
	MIAMI, FL 33135		
		City/State and Zip Code	<del></del>
	IRMA@ASLANTAXSER\	VICE.COM to be used for future annual report notificat	tion)
			lot)
For further information of	concerning this matter, please c	aii:	
IRMA SERNA		305 644-9144 at ()	
Name o	of Person	Area Code Daytime To	elephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Section	on

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SLALOM GROUP LLC	<del> </del>		
(Name of the Limited L. (A.F.	Jubility Company as Florida Limited Liabili	it now appears on our records ty Company)	D 573 (04.52 % %)
The Articles of Organization for this Limited Liabil Florida document number L18000260701	lity Company were	e filed on 11/06/2018	and assigned
This amendment is submitted to amend the following	ng:		•
A. If amending name, enter the new name of the	e limited liability	company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Co	ompany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	, <del>.</del>	
(Principal office address MUST BE A STREET A	(DDRESS)		
	_		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.  B. If amending the registered agent and/or regisagent and/or the new registered office address h	stered office addr	ess on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
Negistaria Office Addices.	Enter Florida street address		
_			orida
		City	Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete pery red agent as prov istered office add	formance of my duties, ar ided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
	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>	Name	Address	Type of Action
AMBR	LAURA VILLAR	762 SW 18TH AVE	□Add
		MIAMI, FL 33135	■Remove
			□Change
AR ASLAN AFFILIANT	ASLAN AFFILIANTES LLC	762 SW 18TH AVE	<b>5</b>
		MIAMI, FL 33135	□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	DAdd
			<del></del>
			□Change
	<del> </del>		
			□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			☐ Change

→ 18506176383

## Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	•
	•
	•
	•
	•
	•
	-
	-
	-
	-
	-
	-
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60:  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	5.0207 (3)(t ted as the
if the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli (b) The 90th day after the record is filed.	ier of:
Dated 11/26 2019	
X LAURA VALLAR  Signature of a member or authorized representative of a member	
LAURA VILLAR	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00