118000264420

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(Document Number)
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200438116762

10/18/24--01019--008 **25.00



COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sequoah Demetrius Lloyd		
	<u></u>	Name of Person	
	Innovative Knowledge For	Success	
		Firm/Company	
	3196 N Jog Road, #6103		
		Address	
	West Palm Beach, FL 334	11	
		City/State and Zip Code	
	sequoahdlloyd18@gmail.co		
	E-mail address: (to be used for future annual report noti-	fication)
For further information c	oncerning this matter, please co	all:	
Sequoah Demetrius Lloy	⁄d	954 716-4962 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

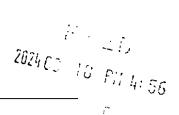
TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

Street Address: 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



Innovative Knowledge For Success, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	y were filed on _	11/13/2018	and assigned
Florida document number L18000264420			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company	here:	
SL Data Enterprises, LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
		, Florida _	7:- C - 1-
			гір Сойе
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in	of my duties, and I an Chapter 605, F.S. O	n familiar with and r, 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>	<u>Name</u>	Address	Type of Action
			🗀 Add
			🖂 Remove
			□Change
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Page 2 of 3

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Signature of a member or authorized representative of a member	.ed _	
	ed _	Servoid Demodrium Hours

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Filing Fee: \$25.00