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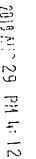
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Slickpad 2 LLC 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:
Hannah Boyd Name of Person
Business Control Service Inc
3925 S. Nova Rd
POVA Orange, FC 32127 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hannah Boyd at (386) 631-7698  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$30.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

## STREET/COURIER ADDRESS: Registration Section

**Division of Corporations** Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTIC	CLES OF ORGANIZATION OF	
Slick pad (Name of the Limited	Liability Company as it now appears on our recor Florida Limited Liability Company)	2019 AUG 29 PH 4: 12
The Articles of Organization for this Limited Liab	, ,	and assigned
Florida document number <u>L1900003</u>	3757	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	· <del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office		is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	<i>Cin</i> :	lorida

### 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>	Name	Address	Type of Action
MGR	Robert Beavers	25A Braddock Lane	- Add
		Palm Coast, FL 3213	27□ Remove
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D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effecti <u>Note:</u> If t	date, if other than the date of filing: 08/26/19 (optional) ive 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 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated	August 716th. 2019.  Walt Utahuw Al  Signature of a member or authorized representative of a member
	Matt Wentworn

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00