

L190000 27071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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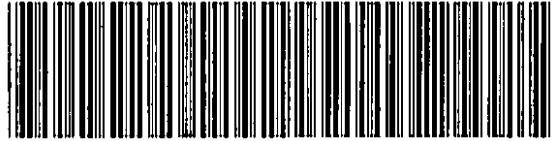
(Business Entity Name)

(Document Number)

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FILED  
2019 SEP 16 PM 3:37  
TALLAHASSEE, FL

SEP 27 2019

C. Kins

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SLOW CHASE CONSULTING, 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:

ALYSON RODRIGUEZ

\_\_\_\_\_  
Name of Person

SLOW CHASE CONSULTING, LLC

\_\_\_\_\_  
Firm/Company

10148 COBBLESTONE CREEK DRIVE

\_\_\_\_\_  
Address

BOYNTON BEACH, FL, 33472

\_\_\_\_\_  
City/State and Zip Code

jorodri228@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALYSON RODRIGUEZ

561 302-4495  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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  
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**

SLOW CHASE CONSULTING,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 were filed on 1/25/19 and assigned  
Florida document number L19000027071.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

4127 NW 34TH STREET

**(Principal office address MUST BE A STREET ADDRESS)**

GAINESVILLE, FL 32605

**Enter new mailing address, if applicable:**

10148 COBBLESTONE CREEK DRIVE

**(Mailing address MAY BE A POST OFFICE BOX)**

BOYNTON BEACH, FL 33472

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

4127 NW 34TH STREET

*Enter Florida street address*

GAINESVILLE

*City*

Florida

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2019 SEP 16 PM 3:37  
SEC. OF STATE  
TALLAHASSEE, FL  
32608  
Zip Code

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOSE RODRIGUEZ	10148 COBBLESTONE CREEK DRIVE	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH, FL 33472	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALYSON RODRIGUEZ	10148 COBBLESTONE CREEK DRIVE	<input type="checkbox"/> Add
		BOYNTON BEACH, FL 33472	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 12 2019

ALYSON RODRIGUEZ

**Filing Fee: \$25.00**