119000105/69

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COVER LETTER

TO: Registration S Division of Co					
SLOSH I	NVESTMENTLIMITED LIAB	ILITY COMPANY			
	Name of Lin	nited Liability Company	······································		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
	Isilda Rickards				
		Name of Person			
	· ·····	Firm/Company			
	2793 nw 34th terrace				
		Address	· · ·		
	Lauderdale lakes FL 3331	1			
		City/State and Zip Code		:.	;
	ansmith3581@gmail.com			19	200 200 200
		to be used for future annual report notif	ication)	1983	
For further information	concerning this matter, please c	all:		<u>-</u>	71) 02
Isilda Rickards		561 6345261 at ()		<u> </u>	
Name	of Person		Telephone Number	2: 0:	CORPORATIONS
Enclosed is a check for	the following amount:				Š
□ \$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 Sta Certified Copy (additional copy is e	atus &	

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

SLOSH INVESTMENT L				
(Name of the Limited L (A F	iability Compan Iorida Limited Li	y as it now appears ability Company)	on our records.)	
The Articles of Organization for this Limited Liabil Florida document number 119000105169	ity Company v	vere filed on Apr	ril 25th 2019	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liabil	ity company he	<u>re</u> :	
The new name must be distinguishable and contain the words	"Limited Liabilit	y Company," the de	signation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable	:	4848 NW 24th c	t	<u>;;</u>
Principal office address MUST BE A STREET A	DDRESS)	unit 221		10 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		Lauderdale Lake	s, FL 33313	92
Enter new mailing address, if applicable:		2793 NW 34TH	TER	ARTOPERATIONS
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	Lauderdale Lake	s,FL 33311	က ညီ ကြာ ညီ
				0.0
				- 7
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, enter the	name of the ne
Name of New Registered Agent:	Isilda	Rickards		
New Registered Office Address: 4	848 NW 24th c	t, UNIT 221 FL,		
		Enter Flori	da street address	
<u>L</u>	AUDERDALE		, Florida	
		City	Ĩ	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	
AMRR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ANDREA SMITH	2793 NW 34TH TER LAUDERDALE LAKES 33311	Add
			■ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			Remove
			Change
			□ Remove
			☐ Change
			☐ Add
			□ Remove
			Change

ii amending any othe	r information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
	
	
If an effective date is listed, Note: If the date inserte	r than the date of filing:
ne record specifies a The 90th day afte	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of r the record is filed.
Dated MAY 08, TH	2019
	TSit da Rickards Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	ISILDA RICKARDS

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Filing Fee: \$25.00