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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	ECT:	SLDM Loach	ited Liability Company	
The er	iclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Andrea	Lindwall Name of Person	
			COAC King Firm/Company	
		2311	NE S3rd St	
			Uderdale, FL 3 City/State and Zip Code Lindual 109ma to be used for future annual report no	3308
		E-mail address (1	to be used for future annual report no	illication)
For fu	ther information c	oncerning this matter, please ca	nll:	
	Ancirea L Name o	induall Person	at (<u>954</u>) <u>812</u> Area Code Daytii	8281 ne Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2	5.00 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

TO ARTICLES OF ORGANIZATION **OF**

SLDM Coach	any ak it now appears on our records.)
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000175816</u>	were filed on $\frac{7}{8}$ $\frac{8}{2019}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial. SDLM Coaching U	C
The new name must be distinguishable and contain the words "Limited Liabi	• • • • • • • • • • • • • • • • • • • •
Enter new principal offices address, if applicable:	## 19 0
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	4461 161st Terr N = 5
(Mailing address MAY BE A POST OFFICE BOX)	Loxahatchee FI 5" -
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the n</u> re:
Name of New Registered Agent	
New Registered Office Address:	Enter Florida street address
	Classical.
, 1200 to 1200	Cuy Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>L</u>

Thereby 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. Thereby confirm that the limited hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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			☐ Change
		·	□ Add
			□ Remove
		·	☐ Change
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(It an eft <u>Note:</u>	tive date, if other than the date of filing: (optional ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date ent's effective date on the Department of State's records.	e.) Pursua	mt to 60 ot be lis	95.0207 (3)(b) sted as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on th	e earl	ier of:
Dated	August 28 2019 Afriduall			
	A Lindwall Signature of a member or authorized representative of a member			
	Andrezi Lindwall Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00