119000239205

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(Document Number)
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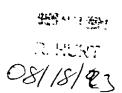
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COVER LETTER

то:	Registration Sect Division of Corpo		ie v	.		
ou bie	S.L.M. & Ass	sociates, LLC		•	g.	
SUBJEC	oli <u> </u>					
The encl	osed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspond	dence concerning this matter	to the following:			
		Stephen L. Mounteastle				
			Name of Person			
		S.L.M. & Associatres, LLC	2			
			Firm/Company			
		1917 Everson St.			2023 AUG 18 PH12: 40	DIVISION
			Address		A UG	ට්රි සිදි ප
		Bradenton, FL 34208			8	700 J
			City/State and Zip Code		PMI	
		slmassociates@jeremiahsico	e.com to be used for future annual report	notification)		CORPORATION
المساكة مسا		neerning this matter, please of		nouncationy	0	11
ror iuru	ier information cor	eerning this matter, prease co				
Stephen	Mountcastle		407 739-3589 at ()			
	Name of I	Person	Area Code Day	rtime Telephone Number		
Enclosed	l 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)	Certified	e of Status &	
	Mailing Address:		Street Address	<u>:</u>		

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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**

S.L.M. & Associates, LLC	4 11 10 4 C		lu)	
(Name of the Lim	(A Florida Limited Liabilit	t now appears on our record y Company)	<u>(5.)</u>	
The Articles of Organization for this Limited I	filed on 10/2/2019	and assigned		
Florida document number L19000239205	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability o	company here:		
The new name must be distinguishable and contain the	words "Limited Liability Co	inpany," the designation "LLC	or the abbreviation "L"	L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE		NOISTAN		
				02.2
			-	1 98E
Enter new mailing address, if applicable:			-	
(Mailing address MAY BE A POST OFFICE BOX)				136
Mulling address MAT BE AT OST OF FICE			5	
				· · · · ·
B. If amending the registered agent and/or agent and/or the new registered office address.		ess on our records, <u>enter</u>	the name of the ne	w registere
Name of New Registered Agent:	Stephen L. Mounteas	tle		
New Registered Office Address:	1917 Everson St.			
140 registered office reages.	-	Enter Florida street addres	is .	
	Bradenton	Flo	orida <u>34208</u>	
		City	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.

City

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>	Type of Action
AMBR	Stephen L. Mountcastle	1917 Everson St.	□ Add
		Bradenton, FL 34208	Remove
			■ Change
			□Add
			□Remove
			□Add
		,20000000,00,	□Remove
			DIVÍSION OF CO
			DIVISION OF CORTORATION Charles IARY OF STAIL Add PHIEM 10 Rem 10
			5 ⊋ ☐ Change
			□Add
		 	□Remove
			☐ Change
			□ Add
			□ Remove