L19000290767

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only) State 12. ps. Hone wy
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1.001
IMI

Office Use Only



700421246887

01/08/24--01032--022 **25.00

COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations				
		OIT PROPERTY 1, LLC.				
SUBJECT: Name of Limited Liability Company						
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		YOLI BONHAM				
			Name of Person	···		
		N/A				
			Firm Company			
		4460 NW 107 AVE STE 1	01			
	Address					
		DORAL, FL 33178				
			City/State and Zip Code			
		GSHM113@GMAIL.COM	to be used for future annual report no	tification)		
For further is	nformation c	oncerning this matter, please c				
YOLI BONHAM			786 295-1169			
Name of Person		at () Area Code Daytir	me Telephone Number			
Enclosed is	a check for th	ic following amount:				
■ \$25,00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration So	ection			
Division of Corporations			Division of Co	Division of Corporations		
	D. Box 632		The Centre of			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab) (A Flori	lity Company as it now appears on ou da Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability lorida document number £19000290767		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the lir	nited liability company here:	
SLSD GROUP, LLC		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	<u></u>	
		. ;
nter new mailing address, if applicable:		<u>:</u>
Mailing address MAY BE A POST OFFICE BOX))
 If amending the registered agent and/or register gent and/or the new registered office address here: 		s, <u>enter the name of the new reg</u>
Name of New Registered Agent:		
New Registered Office Address:	33 431	
	Enter Florida stre	et address
	Ch	, Florida Zip Code
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

DEALTROIT DROBERTY 1 117

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

					<u> </u>		
	· · · · · · · · · · · · · · · · · · ·						
	_						
		•					
					.	·	
			- 41			<u> </u>	
						-	
		<u> </u>					
						 	
_		<u> </u>					
							
f an effective date Note: If the da	if other than the dais listed, the date must be inserted in this blocetive date on the Dep	e specific and canno k does not meet th	ie applicable stat	f filing or more than utory filing requir	(optional) 90 days after filing ements, this date	j.) Pursuant to 605.0.	207 (i as (
e record specific rd is filed.	s a delayed effective o	late, but not an eff	fective time, at 1	2:01 a.m. on the e	arlier of: (b) T	he 90th day after t	the
01/2/202	4						
Dated	10	<u> </u>	······································				
	\ ///						
		gnature of a membe	r or authorized rep	presentative of a me	mber		

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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Remove
			☐ Change
			□Remove
			□Change
			□Remove
	****		\ \ \ \ \ _Add
			□Remove
			☐ Change
			□Add
			□ Remove
			TChange