L20000326722

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Nar	na)
(Du	Siliess Littly Nat	iie)
(Do	cument Number)	
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T. MATTHEWS MAY - 3 2022

COVER LETTER

TO:

	egistration Se ivision of Cor			
CHD IECT	RSLENDE		·	; •
SUBJECT	ľ: <u> </u>	Name of Limited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing	
		ndence concerning this matter	_	
		Ricardo A Magro		
			Name of Person	
		Slender		
			Firm/Company	
		4942 South Le Jeune Rd		
			Address	
		Coral Gables FL, 33146		
			City/State and Zip Code	
		leticia.locatelli@slendercor		
		E-mail address: (to be used for future annual repor	notification)
For further	r information c	oncerning this matter, please co	all:	
Leticia Lo	catelli		786 266-207	3
	Name o	f Person		ytime Telephone Number
Enclosed i	s a check for th	ne 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)
_	1ailing Addres		Street Addres	
	legistration S Division of C		Registration Division of	Section Corporations
	O. Box 632	•		of Tallahassee
Т	allahassee, I	FL 32314	2415 N. Mo	onroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO STATE ARTICLES OF ORGANIZATION FILE! OF CORPORATIONS

22 APR 13 AM 10: 26

RSLENDER LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

he Articles of Organization for this Limited Liability Company	ware filed on 10/22/202	20 and assigned
Florida document number L20000326722	were med on	and assigned
iorida document numocr		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
4100 121 - 0 - 4 141 - 1 171 22122		
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	4100 Kiaora Street Mi	ami FI 33133
Enter new mailing address, if applicable:		ann, 1 L 33 (33
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office a	address on our records	s enter the name of the new registe
gent and/or the new registered office address here:	address on our record.	s, enter the hame of the new registr
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	vet address
	Cin	Florida
New Registered Agent's Signature, if changing Registered Agent:	•	, Florida Zip Code

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			DAdd
			Remove
			Change
	·		□ Add
			□ Remove
			☐ Change

Effective	date, if other than the date of filing: (optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note: If t	he date inserted in this block does not meet the applicable statutory/filing requirements, this date will not be listed as
document	's effective date on the Department of State's records
e record sp rd is filed.	pecifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the
10 15 11100.	
Dated	Martin 28th 2022
Dated	
	λ / \uparrow
	Signature of a member or authorized representative of a member
	Ricardo A Magro