

L21000118737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

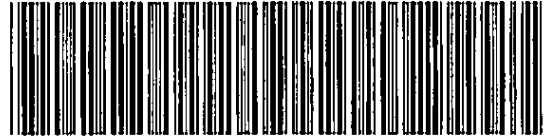
(Business Entity Name)

(Document Number)

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2022 DEC -9 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FL

2/20/23  
V.LN



BILL CURTIS  
701 MARKET STREET, UNIT 109  
ST. AUGUSTINE, FLORIDA 32095  
(904) 819-6959  
billcurtis@fishertousey.com  
deborahbowles@fishertousey.com

December 6, 2022

***VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED***  
***(Tracking 70210950000032373187)***

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

Re: Articles of Amendment to Articles of Organization of SANDYKITT, LLC;  
Entity No. L21000118737

Dear Madam or Sir:

Our Firm represents and serves as Registered Agent for SANDYKITT, LLC. Enclosed our Firm's Check No. 33964 in the amount of \$25.00 to cover the fees to file and the Articles of Amendment to Articles of Organization of SANDYKITT, LLC; Entity No. L21000118737. Please process the enclosed.

Please contact us if you have any questions.

Very truly yours,

A handwritten signature in black ink that reads "Deborah A. Bowles". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Deborah A. Bowles  
Legal Assistant

Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SANDYKITT LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

C. WILLIAM CURTIS, III, ESQ.

\_\_\_\_\_  
Name of Person

FISHER, TOUSEY, LEAS & BALL, P.A.

\_\_\_\_\_  
Firm/Company

701 MARKET STREET, UNIT 109

\_\_\_\_\_  
Address

ST. AUGUSTINE, FLORIDA 32095

\_\_\_\_\_  
City/State and Zip Code

dab@fishertousey.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. WILLIAM CURTIS, III

904 819-6959  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed 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)

☐ \$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 Address:**

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**

SANDYKITT, LLC

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

The Articles of Organization for this Limited Liability Company were filed on MARCH 12, 2021 and assigned  
Florida document number L21000118737.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SVNSLOT LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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2021 DEC -9 PM 4:44  
CLERK OF STATE  
TALLAHASSEE, FL.

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Fisher, Tousey, Leas & Ball, P.A.

New Registered Office Address:

501 Riverside Avenue, Suite 700

*Enter Florida street address*

Jacksonville

Florida 32202

*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.*



**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

[illegible]

[illegible]

(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

                      
*Chelliah*

MICHAEL WADLER

**Filing Fee: \$25.00**