L21000369196

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,
(Danish Albandar)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.
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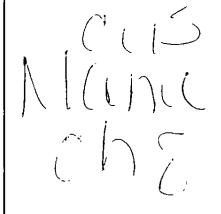
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

			
SLIM & ASSOCIATI	ES, PLLC		
L21000369196			
	 		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
		<u> </u>	Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
		<u>✓</u>	Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by: BA	08/20/21		UCC 1 or 3 File
Name	Date Time	-	UCC 11 Search
			UCC 11 Retrieval
Walk-In	Will Pick Up	— i —	Courier

COVER LETTER

Division of Co			
SUBJECT:	SLIM & AS	SSOCIATES F	LLC
:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	David	HERNANDE-2 Name of Person	
	MF	Firm/Company	
	3000 I	V UNIVERS TO DR	<u>E</u>
	CORAL	SFR (A) GS (T 3) City/State and Zip Code	3065
	MASAC	Counting Doutlo	ok. COM
For further information	concerning this matter, please ea	all:	
Day + d	HORMANDO E	at (QSA) 346- Area Code Daytim	7288 y7 119 e 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 Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SLIP &	ASSOCIATE PLLC	
	Liability Company as it now appears on our r Florida Limited Liability Company)	ccords.)
The Articles of Organization for this Limited Liab	ility Company were filed on	;
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	he limited liability company here:	
SZIMQU] The new name must be distinguishable and contain the word	PLLC	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	"LLC" or the abbreviation L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET.	ADDRESS)	29
Enter new mailing address, if applicable:		6
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		Florida
	Ciţ	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 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
			□Add
			□Remove
			☐ Change
			□Add
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			□Change
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			Remove
			Change
			\ \ \ \ \ \
			Remove
			□Change
			□Add
			□Remove
			□ Changa

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
•	
•	
Note:	ive date, if other than the date of filing: S 7 O (optional)
e recor rd is fi	d 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 led.
Dated	8/18 2021
	Soistil.
	Signature of a member of authorized representative of a member
	JAM: SLIM JR

Filing Fee: \$25.00