

L22000152414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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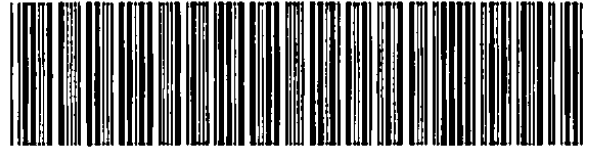
(Business Entity Name)

(Document Number)

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TALLMADGE, VT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SLAM PROPERTIES I, 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:

SOBIR TOSHEV

Name of Person

SLAM PROPERTIES I, LLC

Firm/Company

2100 PREMIER ROW

Address

ORLANDO FL 32809

City/State and Zip Code

sobir@slamtrucking.com

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

For further information concerning this matter, please call:

Sobir Toshev

314

8140662

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

SECRET
TALLAHASSEE, FL
NOV 16 2022

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SLAM PROPERTIES I, 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 03/29/2022 and assigned
Florida document number L22000152414.

This amendment is submitted to amend the following:

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

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)

2100 PREMIER ROW

ORLANDO FL 32809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2100 PREMIER ROW

ORLANDO FL 32809

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

Name of New Registered Agent:

WHITE STAR GROUP

New Registered Office Address:

2100 PREMIER ROW

Enter Florida street address

Orlando


City

Florida 32809

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SOBIR TOSHEV	10318 KRISTEN PARK DR.	<input type="checkbox"/> Add
		ORLANDO FL 32832	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	DENIS SAVITSKIY	150 E ROBINSON ST.	<input type="checkbox"/> Add
		ORLANDO FL 32801	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	REM SAIGANOV	153 ABERDEEN ST.	<input type="checkbox"/> Add
		DAVENPORT FL 33896	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LEV ASKEROV	11951 INTERNATION DR	<input type="checkbox"/> Add
		SUITE 301	<input checked="" type="checkbox"/> Remove
		ORLANDO FL 32821	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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U.S. AIR FORCE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ITALY

E. Effective date, if other than the date of filing: _____ (optional)

(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),

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated NOVEMBER 15TH 2022

Signature of a member or authorized representative of a member

DENIS SAVITSKIY / MANAGER

Typed or printed name of signee

Filing Fee: \$25.00