

L23000228161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

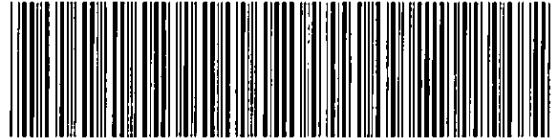
(Business Entity Name)

(Document Number)

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STATE
OF FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SLS BUSINESS DEVELOPMENT 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:

MARIA CECILIA BERMUDEZ

Name of Person

SLS BUSINESS DEVELOPMENT LLC

Firm/Company

Address

C/O: 854 KILLARNEY LANE, AUBURNDALE, FL 33823

City/State and Zip Code

MCECI@SLSDISTRIBUTIONPRODUCE.COM

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

For further information concerning this matter, please call:

MARIA CECILIA BERMUDEZ

813 602-6559
at ()
Area Code Daytime Telephone Number

Name of Person

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TALLAHASSEE, FL

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SLS BUSINESS DEVELOPMENMT 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 03/09/2023 and assigned
Florida document number L23000228161.

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)

854 KILLARNEY LANE

AUBURNDALE FL, 33823

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

854 KILLARNEY LANE

AUBURNDALE FL, 33823

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
HILLSBORO, 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:

New Registered Office Address:

Enter Florida street address

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARIA CECILIA BERMUDEZ	854 KILLARNEY LANE	<input checked="" type="checkbox"/> Add
		AUBURNDALE, FL 33823	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SOFIA OLIVEROS	854 KILLARNEY LANE	<input checked="" type="checkbox"/> Add
		AUBURNDALE, FL 33823	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CAMILO MARTINEZ	854 KILLARNEY LANE	<input checked="" type="checkbox"/> Add
		AUBURNDALE, FL 33823	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SLS DISTRIBUTION PRODUCE	AND FRANCHISE, LLC	<input type="checkbox"/> Add
		19905 INTERMODAL CIR STE 321	<input checked="" type="checkbox"/> Remove
		PALMETTO, FL 34221	<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

2023 OCT 5 PM 4:31
FL
SLS
DISTRIBUTION
PRODUCE
AND
FRANCHISE
LLC

This image shows a single page from a notebook or ledger. It features approximately 20 evenly spaced horizontal black lines across its entire width. The margins are uniform on all sides, and there is no handwriting or other markings present on the page.

(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)

2023 OCT 5 PM 4:31
RECEIVED
The 90th day after the

Dated September 25, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee