L23000368758

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| Wm. US |

Office Use Only



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07/24/24--01023--019 **25.00



COVER LETTER

Registration Section
Division of Corporations

TO:

| SUBJECT: SL3 Proper | | ited Liability Company | |
|--------------------------------|---|---|--|
| | .vaine of Lim | ned Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | indence concerning this matter | to the following: | |
| | Scott D Himelhoch | | |
| | | Name of Person | |
| | SL3 Properties, LLC | | |
| | | Firm/Company | |
| | 3933 Drayton Way | | |
| | | Address | |
| | Palm Harbor | | |
| | | City/State and Zip Code | |
| | scott@sl3properties.com | to be used for future annual report not | • |
| For further information c | oncerning this matter, please co | | meanon |
| Scott D Himelhoch | | at (727) 687-8262 Daytin | |
| Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed is 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) |
| Mailing Addres Registration S | | <u>Street Address:</u> Registration Se | ection |
| Division of C | orporations | Division of Co | rporations |
| P.O. Box 632 Tallahassee, I | | The Centre of 7 | |
| i ananassee, i | L 34314 | Z413 IN. MONIC | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SL3 Properties, LLC

| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our reability Company) | ecoras.) | |
|--|---|---------------------------------------|-----------------------------------|
| The Articles of Organization for this Limited Liability Company v | were filed on August 7, 20 | 23 | and assigned |
| Florida document number 1.23000368758 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | · · · · · · · · · · · · · · · · · · · | ۲. |
| | | <u>.</u> | |
| The new name must be distinguishable and contain the words "Limited Liabili | y Company," the designation | "LLC" or the abbrox | nation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | A 177 |
| | | -/ | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | , | | |
| B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: | ddress on our records, <u>er</u> | nter the name of | the new registere |
| agent and/or the new registered office address nere. | | | |
| Name of New Registered Agent: | , | | |
| Name of New Registered Agent. | | | |
| New Registered Office Address: | Enter Florida street a | ddress | |
| | | | |
| | City | _, Florida | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | | • |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office of company has been notified in writing of this change | performance of my dutie rovided for in Chapter 6 | s, and I am fam 505, F.S. Or, if t | iliar with and his document is |

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> | Address | Type of Action |
|--------------|--------------------|--|----------------|
| Dr. | Luz-Ayde Himelhoch | 3933 Drayton Way, Palm Harbor FL 34685 | |
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| | ed, the date must be erted in this bloc | e specific and cann k does not meet t | ot be prior to date of fil he applicable statuto s records. | | | |
| record specifies a de is filed. | elayed effective | date, but not an e | ffective time, at 12:0 |)1 a.m. on the earl | er of: (b) The 90th | n day after the |
| ated June 22 | la + | | 124, | , | | |
| | <u> COU</u> | grarure of a memb | er or authorized repres | sentative of a member | er | |