L24 0000 391663

(Requestor's Name)

(Address)

(Address)

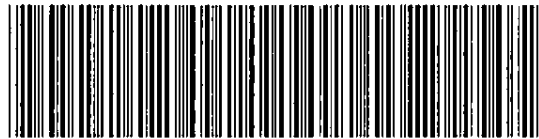(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 NOV 19 PH 3:43
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

SUBJECT: _SLCC 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:

MATTHEW JOHNSON

Name of Person

Firm/Company

10909 COPPERLEFE DRIVE

Address

BRADENTON, FL 34212

City/State and Zip Code

NPACCOUNTING@NMPTAX.COM

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

For further information concerning this matter, please call:

MATTHEW JOHNSON

Name of Person

at (210) 979-1034

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)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SLCC 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 01/22/2024 _____ and assigned

Florida document number L24000039663 _____ .

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

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)

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

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, <u>Signature of New Registered Agent</u>

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	MATTHEW JOHNSON	10909 COPPERLEFE DRIVE	■ Add
		BRADENTON. FL 34212	☐ Remove
			☐ Change
MGR	DYLAN WASIELEWSKI	230 ALDO DR	■ Add
		TOMS RIVER. NJ 08753	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change

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

_____

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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   SEPT 27 _____ , 2024 _____ .

_____
Signature of a member or authorized representative of a member

MATTHEW JOHNSON

_____
Typed or printed name of signee