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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duningan Catta) Norma)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

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Office Use Only



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Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

NAME OF ENTITY	
Slapshort Propert Holdings, LLC	
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Of	····
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Country	
Amount of Documents_	
DATE 8/2/24 T	IME
Notes:	- <u></u> -

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2024 AUG -2 AM 10: 12

Zip Code

SLAPSHORT PROPERTY HOLDINGS, LLC

TALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on $\frac{07/29/2024}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SLAPSHOT PROPERTY HOLDINGS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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D.	if antenumy the registe	ered agent and/or registered	omice address on ou	ir recoras, enter inc	e name of the new regis	tereu

Name of New Registered Agent:	
New Registered Office Address:	Enter Floruda street address
	, Florida

Cirv

New Registered Agent's Signature, if changing Registered Agent:

Enter new principal offices address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

agent and/or the new registered office address here:

Enter new mailing address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
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ffective date, if other than the dat ian effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Depar	specific and cannot be does not meet the a	prior to date o pplicable sta	of filing or more t	(optio han 90 days after l quirements, this	filing.) Pursuar	nt to 605,020 : be listed a
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AUGUST 8	2024	·				
Robert Lachane Sign			procentario se f	manshar		
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Filing Fee: \$25.00