L24000345784

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Sla	nam System LLC Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Name of Person Lecture 1: Enterprise 5, LLC Firm/Company	
	675 9th Ave		<u>-</u> -
	SAN Diego	California 92101 City/State and Zip Code	TOT - 1 PH 4: 37
	CEOC AKSalest E-mail address: (California 92101 City/State and Zip Code La, Coon to be used for future annual report notif	fication)
	concerning this matter, please or	all:	
Andrew	of Person	at (858) 281 - 90 Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
≤ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailine Addre	٠٠	Street Address:	

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

(Name of the Limited Liability Compa (Λ Florida Limited L	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>114000345784</u> .	were filed on August 12 th , 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	STATE OF THE PARTY	Fine Inday
(Principal office address MUST BE A STREET ADDRESS)	The fit	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8816 Adam way Tampe A, 336K	-
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the	name of the new registere
		1
Name of New Registered Agent:		
New Registered Office Address:		710 =
	Enter Florida street address , Florid	$\frac{\omega}{\omega}$
	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 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
AWR	Androw Knapp	8814 Albert way	<u></u> [₹Add
		8814 Abarn way Tampa FL, 33616	□Remove
		·	□Change
AMBR	Robert Rednar	8816 Album Weg	[YAdd
		Tampa PL, 33615	□Remove
			🗆 Change
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day after the