P19000006844

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER.

TO: Amendment Section

Division of Corporations

NAME OF COF	RPORATION: SLT Collection Inc	2.	
DOCUMENT N	UMBER: P19000006844		
	icles of Amendment and fee are su	bmitted for filing.	
Please return all o	correspondence concerning this ma	tter to the following:	
	Scot Conrad		
		Name of Contact Person	1
	SLT Collection Inc.		
		Firm/ Company	
	1050 W. Sunrise Blvd.		
		Address	
	Ft. Lauderdale, FL 33311		
	****	City/ State and Zip Code	2
	scot@sltfortlauderdale.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further inform	nation concerning this matter, pleas	se call:	
Scot Conrad		at (⁷¹⁴	de & Daytime Telephone Number
N	ame of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a che-	ck for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fe	ee □S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

			
(Name of Corporation as current	ntly filed with the Florida Dept. of State)		
P19000006844			
(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following	ing amendme	ent(s) to
A. If amending name, enter the new name of the corporation:			
		The new	,
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must conto	tion "Corp.,"	•
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable:	-	20210	í t
(Mailing address MAY BE A POST OFFICE BOX)		<u>, ;</u>	
D. If amending the registered agent and/or registered office ad	Idress in Florida, enter the name of the	PH 2: 3	Ö
new registered agent and/or the new registered office addre		H -	
Name of New Registered Agent		_	
(Florida :	street address)		
New Registered Office Address:	, Florida		
NEW REVISIETEA CHICE AGGTESS:			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	PS	Paul Burgess	2309 NE 8th Street
X Add			Ft. Lauderdale, FL 33304
Remove			
2) X Change	TCEO	Scot A. Conrad	1050 W. Sunrise Blvd.
Add			Ft. Lauderdale, FL 33311
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			_
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

	nal sheets.	if necessary).	icles, enter char (Be specific)				
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					ellation of issue		
provisions fo	<u>r implemer</u>	nting the ame	ndment if not c	ontained in the	amendment its	<u>elf:</u>	
(ij noi ap _l	pucanie, ind	dicate N/A)					

	November 5, 2021	
The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ick does not meet the applicable statutory filing requirements, thartment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareholder	r action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendricient for approval.	nent(s)
· · · · · · · · · · · · · · · · · · ·	oved by the shareholders through voting groups. The following stack voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
Dated	1-29-21	
Signature		
selected,	ector, president or other officer – if directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other difiduciary by that fiduciary)	
S	cot A. Conrad	
_	(Typed or printed name of person signing)	
C	EO, Treasurer, formerly President	
-	(Title of person signing)	