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(((H21000066260 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000065

Phone : (954)525-7500

Fax Number : (954)761-8475

Enter the email address for this business entity to be used for future $\stackrel{\sim}{\mathcal{M}}$ annual report mailings. Enter only one email address please.*

Email Address: mmm@trippscott.	com
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SLOAN ENTERPRISES, LLC

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Help

H21000066260

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SLOAN ENTER				
(Name of the Limited Liability Commun (A Florida Limited Lia	us it now uppears on our records.) bility Company)			
The Articles of Organization for this Limited Liability Company w Florida document number <u>L21000017165</u>	ere filed on January 21, 2021		_ and as	signed
This amendment is submitted to amend the following:				
A. If amending name, cuter the new name of the limited liabili	ty company here:			
SLOAN ENTERPRISES FLORIDA, LLC				
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" of	r the abbr	eviation "I	1Č."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mulling address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter th		of the ne	w register
agent and/of the new registered office address here.		型	2	
n on the state of		;;- ;		
Name of New Registered Agent:			- 65	1,
New Registered Office Address:				<u></u>
	Enter Florida street address			71
	, Flor	ida	100	=
	City	^	Zip Code	•
New Registered Agent's Signature, if changing Registered Agent:			25	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and ovided for in Chapter 605, F.	l Lam fa S. Or, ij	miliar w this doc	ith and cument 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 3199086 649g added or removed from our records:

MGR =	Manager 📑	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			DAdd
			□Remove
		·	□Change
			□Add
			□Remove
			□Change
			🗆 Add
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			☐ Change
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and sanot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a 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 Pebruary 1					
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Robert C. Meacham, Eg.	Dated February 11	2021			
		Robert C. M.	racham, Esq.		_
Signature of a member or authorized representative of a member	Sig	nature of a member or auth	orized representative of	member	

Filing Fee: \$25.00