Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000003193'3)))



H180000031933ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

: VAN WINKLE & SAMS, Account Name

Account Number : 120030000032

: (941)923-1685

Phone Fax Number

: (941)923-0174

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAMSHAW, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K SALY

Electronic Filing Menu

Corporate Filing Menu

JAN - 3.2018

### (((H18000003193 3)))

### **COVER LETTER**

TO: Registration Sec Division of Corp		ż	
Tamshaw L	TC		
SUBJECT:	Name of Limit	ed Liability Company	<u> </u>
The enclosed Articles of	Amendment and fec(s) are subm		
Please return all correspo	ndence concerning this matter to	o the following:	
W *** ***			•
1.1	Laurei B. Sams	,	
		Name of Personi	
	Van Winkle & Sams PA		
		Firm/Company	
	3859 Bee Ridge Rd		
	<del></del>	Address	
	Sarasota FL 34233		
		City/State and Zip Co	
	your lattorney@gmail.com	Chiproduce and Cife Co.	
		o be used for future annual report notif	heation)
For further information of	concerning this matter, please ca	<b>U</b> :	
Laurei Šams		941 923-1685 at ( )	· ·
Name (	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	ska following amount:	<u>.</u> ·	
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
		:	:
	JING ADDRESS:	STREET/COUR	IER ADDRESS:
Regis	tration Section ion of Corporations	Registration Section Division of Corpo	
<b>-</b>	100 of Corporations 150 627 1310 Ft 32114	Clifton Building 2661 Executive Co	enter Circle

(((H18000003193 3)))

/((H18000003193 3)))

Tamshaw LLC

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

## TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flori	ility Compan ca Limited Li	y as it now appears ( ability Company)	m our records.)
The Articles of Organization for this Limited Liability Florida document number L03000030379	Company v	vere filed on Augu	and assigned
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the li	mited liabil	ity company her	<b>¥</b>
SILVER COVETLIC			
The new name must be distinguishable and contain the words "L	lmited Liabili	ty Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3472 Corte Panor	оща
(Principal office address MUST BE A STREET ADD	ORESS)	Carlshad CA 920	09
Enter new mailing address, if applicable:		3472 Corte Panor	oma
(Mailing address MAY BE A POST OFFICE BOX)		Carlsbad CA 920	09
B. If amending the registered agent and/or registered agent and/or the new registered office at	gistered of ddress berg irie B. Sams	fice address on	our records, enter the name of the ne
Name of New Registered Agent:	Hie D. Janis		
New Registered Office Address: 385	9 Bee Ridge	Rd, Su. 202	
	_	Enter Floric	la street address
. Sar	asota		Florida 34233
		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.

It Changing Registered Agent, Signature of New Registered Agen

Page 1 of 3

(((H180C0003193 3)))
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
AMBR	Charles Borden	3472 Corte Panoroma	Add
		Carlsbad CA 92009	🖂 Remove
		<u></u>	<u> </u>
AMBR	Gail Borden	3851 Kingston Blvd	<b>=</b> Add
		Sarasota FL 34238	□ Remove
• •			☐ Change
AMBR	Adrienne Sundberg	3601 Mineola Drive	Add
		Sarasota FL 34239	□ Remove
		<u> </u>	☐ Change
<u>.</u>		<del>-</del>	Add
			□ Remove E
			□ Char
			☐ Add
			Add
			Change
	٠		□ Remove
			C Change

,		
	<del> </del>	
		<u>``</u>
	CAL ST	
	ji.	
		<u></u>
	**	<del></del>
tive date, if other than the date of filing: flective date is listed, the date until the specific and cam If the date inserted in this block does not meet nem's effective date on the Department of State	not be prior to done of filing or more than 90 days after the applicable statutory filing requirements, the	ional) or filing.) Pursuant to 605 is date will not be liste
cord specifies a delayed effective date a 90th day after the record is filed.	, but not an effertive time, at 12:01	a.m. on the earlie
Dec 8 2017		_

Page 3 of 3

Filing Fee: \$25.00