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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

•••

NAME OF CORPORATION: SILVERSPRING E	NTERPRISES INC.
DOCUMENT NUMBER: P19000018994	
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
LYNN ADAMS	
	Name of Contact Person
BEACHES TAX SERVICES	OF N.E. FLORIDA INC.
	Firm/ Company
6376 MOCKINGBIRD ROAL	• •
	Address
JACKSONVILLE, FL 32219	-3396
	City/ State and Zip Code
beachestaxservices@comcast.net	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please LYNN ADAMS	
Name of Contact Person	
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

SILVERSPRING ENTERPRISES INC.			<u> </u>
( <u>Name o</u>	f Corporation as currer	itly filed with the Florida Dept. of S	<u>state</u> )
P19000018994			2848 88 04 53
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:			SECRETARY OF the Allevations of the Secretary of the Secr
A. If amending name, enter the new na	me of the corporation:		e de la companya de l
			The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporation	I" or the abbreviation name must contain the
B. Enter new principal office address,		11242 SILVER KEY DRIVE	
(Principal office address <u>MUST BE A S</u>		JACKSONVILLE, FL 32218-	7371
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11242 SILVER KEY DRIVE	
		JACKSONVILLE, FL. 32218-	7371
D. If amending the registered agent an	d/or registered office ad	dress in Florida, enter the name of	
new registered agent and/or the new	<u>v registered office addre</u>	<u>1881</u>	
Name of New Registered Agent MOGOS BRHANE MENGSTEAB			
	11242 SILVER KEY D	RIVE	
	(Florida	street address)	
New Registered Office Address:	JACKSONVILLE	. Flo	rida 32218-7371
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			the position.
i,	1. S. M.		date 7/3/19
<del></del>	Signature of New	Registered Agent, if changing	

## 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 Doc	
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>	<u>Addres</u> s
1) Change	<u>P</u>	JESSICA N. PATEL	
Add X Remove			
2) Change	Р	MOGOS BRHANE MENGSTEAB	11242 SILVER KEY DRIVE
X Add		-	JACKSONVILLE, FL. 32218-7371
Remove			
3)Change			
Add			<del> </del>
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
<del></del>	
····	
f an amandmant neovidus for an arch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
• •	· · · ·

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_\_(voting group) The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) JESSICA N. PATEL (Typed or printed name of person signing) PRESIDENT

(Title of person signing)