## L22000059436

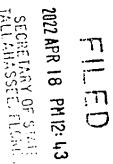
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	JUN - 1 202	2

Office Use Only



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## **COVER LETTER**

TO:	Registration Se Division of Cor		• , • •	w .
SUBJE		E AELIANCE L'LC	·	<b>A</b>
SUBJE	C1	Name of Limi	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		ANGEL D CORDOVA		
			Name of Person	
		ANGEL D CORDOVA &	со	
			Firm/Company	
		780 NW 42ND AVE STE	325	
			Address	
		MIAMI. FL 33126		
			City/State and Zip Code	
		ALINA@ACORDOVACO		
			o be used for future annual report noti	fication)
For furt	her information c	oncerning this matter, please ca	ill:	
ANGEL	. CORDOVA		305 444-5511 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>■</b> \$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)

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



POLICANE ALLIANCE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number <u>1.222000059436</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
SILVER INTERNATIONAL GROUP LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:
Name of New Registered Agent.
New Registered Office Address:
New Registered Office Address:  Enter Florida street address
New Registered Office Address:  Enter Florida street address
New Registered Office Address:

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 person being added or removed from our records:

MGR =	Manager	
AMBR =	= Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		□Remove	
			□Change
			□Add
			□Remove
			Change
			Add
		□Remove	
			□Change
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		□Remove	
		□Change	
			🖸 Add
			□Remove

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(If an effective Note: 11	e date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)/  (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.
the record cord is filed	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 l.
Dated _	April 13 . 262 Z .  Signaffice of a member or authorized representative of a member
	SILVIA SEWRRANO  Typed or printed name of signee

. . .

Filing Fee: \$25.00