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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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T. CLINE

AUG 24 2010

EXAMINER

Silver King Apartments, LLC  
14500 NE 6<sup>th</sup> Ave, Office B  
North Miami, FL 33161  
Tel. (305) 945-6667  
Fax. (305) 945-6668

**Silver King  
Apartments, LLC**

## Memo

**To:** Florida Department of State

**From:** Silver King Apartments, LLC

**Fax:**

**Pages:** 6 including cover and check

**Tel:** (850) 245-6051

**Date:** 8/20/10

**RE:**

**CC:**

*Enclosed please find the daytime telephone number on top.*

2010 AUG 23 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SILVER KING APARTMENTS, L.L.C.**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**ELI COHEN**

Name of Person

**Silver King Apartments, LLC**

Firm/Company

**13315 NE 6 Ave, Office**

Address

**North Miami, Florida 33161**

City/State and Zip Code

**elico@bellsouth.net**

E-mail address: (to be used for future annual report notification)

FILED  
2010 AUG 23 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**ELI COHEN**

Name of Person

at ( 305 )

**945-6667**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**SILVER KING APARTMENTS, L.L.C.**

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

The Articles of Organization for this Limited Liability Company were filed on 08/20/2001 and assigned  
Florida document number 101000013938.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with 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)**

13315 NE 6 Ave, Office  
North Miami, FL 33161

2001 AUG 23 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

New Registered Office Address:

*Enter Florida street address*

, Florida

*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 608, 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.*

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**MGRM = Managing Member**

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Dated

August 20, 2010

Signature of a member or authorized representative of \_\_\_\_\_

Signature of a member or authorized representative of a member

Shlomo Chelminski  
Typed or printed name

Typed or printed name of signee