

L04000051383

ORIGIN ID: HSTA (305)661-6343
DAVID DREIBELBIS
RELIANCE MEDICAL WHOLESAL
9655 S. DIXIE HWY
STE 300
MIAMI, FL 33156
UNITED STATES US
(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

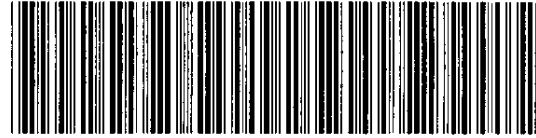
Special Instructions to Filing Officer:

A. LUNT

JUL 22 2008

EXAMINER

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2008 JUL 21 A 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2008

JOSUE NAVARRO
13961 S.W. 119TH AVE.
MIAMI, FL 33186

SUBJECT: SILVER LINING INVESTMENTS, LLC
Ref. Number: L04000051383

We have received your document for SILVER LINING INVESTMENTS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 408A00038792

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TALLAHASSEE, FLORIDA

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2008 JUN 25 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Silver Lining Investments, LLC

(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 7/09/2004 and assigned
Florida document number L04000051383

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)

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)

(City) Florida (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)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

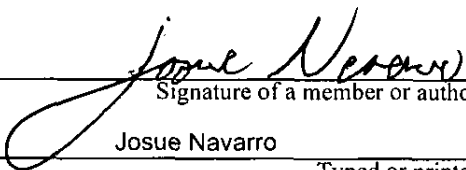
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Pamela Navarro	13961 S.W. 119th Avenue Miami, FL 33186	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	/	/	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated June 23, 2008



 Signature of a member or authorized representative of a member
 Josue Navarro

 Typed or printed name of signee