## L0600018074

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	•
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2015 SEP 17 PH 2: 4

SEP 1.8 2015 J. HARRIS

## COVER LETTER

то:	Registration Sect Division of Corpo				
SUBJE	CCT:Silve	er Bow Club, LLC Name of Limit	ted Liability Company		
The en	closed Articles of A	nendment and fee(s) are subn	nitted for filing.		
Please	return all correspond	lence concerning this matter to	o the following:		
		Gen Miller			
			Name of Person		
		Wollinka, Wo	ollinka & Doddridge,	, PL	
			Firm/Company	<del></del>	
		10015 Trini	ty Boulevard, Suite	101	
		•	Address	<del></del>	
		Trinity, FL	34655		
			City/State and Zip Code		
		gen@wollinka.com  E-mail address: (to be used for future annual report notification)			
		E-mail address: (to	o be used for future annual report notific	cation)	
For fur	ther information con	cerning this matter, please ca	11:		
	Gen Miller		at ( 727 ) 937-417	77	
	Name of F	Person -	Area Code Daytime	Telephone Number	
Enclos	ed is a check for the	following amount:			
□ \$2:	5.00 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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Silver Bow Club, LLC  (Name of the Limited Liability Company (A Florida Limited Lia			<u>.</u> )	
The Articles of Organization for this Limited Liability Company w				_ and assigned
Florida document number <u>L06000018074</u> .				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liabili</u>	ity company h	ere:		
Silver Bowe Holdings, LLC				
he new name must be distinguishable and contain the words "Limited Liability	y Company," the	designation "LLC"	or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	N/A			
Principal office address MUST BE A STREET ADDRESS)			<u> </u>	2015
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			- <del> </del>	Aut emize.
			SS 4.1	
Enter new mailing address, if applicable:	_N/A		<u> </u>	Pariat.
Mailing address MAY BE A POST OFFICE BOX)			(.	
				<u></u>
	· · · · · · · · · · · · · · · · · · ·		<del></del>	<u> </u>

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.

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 Title <u>Name</u> <u>Address</u> Type of Action □ Add □ Remove ☐ Change □ Add ☐ Remove \_ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ <del>Ad</del>d □ Remove □ Change .... ☐ Remove

☐ Change