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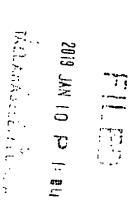
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COVER LETTER

TO:

Registration Section

Division	of Corpor	rations				
	LIP SERR	ATE, LLC				
SUBJECT:		Name of Limi	ited Liability Co	ompany		····
The enclosed Arti	cles of An	endment and fee(s) are sub-	mitted for filir	ng.		
Please return all c	orresponde	ence concerning this matter t	to the following	ng:		
		RONIT CANET				
			Name of	Person		
		BILL USSERY MOTORS				
			Firm/Co	ompany		
		300 ALMERIA AVENUE				
			Addı	ess		
		CORAL GABLES, FL 331	34			
,			City/State an	d Zip Code		<u>.</u>
		ronit.canet@billussery.com				
		E-mail address: (t	to be used for fu	iture annual re	port notification)	
For further inform	nation conc	erning this matter, please ca	ill:			
RONIT CANET			78 at (· · · · · · · · · · · · · · · · · · ·	-1303	
-	Name of Pe	rson			Daytime Teleph	one Number
Enclosed is a chec	ck for the f	ollowing amount:				
□ \$25.00 Filing	Fee	S30.00 Filing Fee & Certificate of Status	Certific	Filing Fee & ed Copy hal copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registration of P.O. Box 6	f Corporations		Registration Division on Clifton Bu 2661 Exec	f Corporations	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION TO THE ACTION OF TH **OF**



PHILIP SERRATE, LLC

2019 JAN 10 P 1: \$4

(<u>Name of the Limited Liabil</u> (A Florid	ity Compa a Limited I	ny as it now appears on jability Company)	our records.	•
		, co,,,	Mishathau.	Ertes, A
The Articles of Organization for this Limited Liability (Company	were filed on MARG	CH 10, 2006	and assigned
Florida document number L06000026329	<u></u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liab	ility company here:		
SILVER ARROW CAPITAL LLC				
The new name must be distinguishable and contain the words "Lin	nited Liabil	ity Company," the desig	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		# - F		
(Principal office address MUST BE A STREET ADDI	RESS)			·
			·	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		•••		
52711051011105				
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:			r records, ene	er the name of the ne
New Registered Office Address:				
		Enter Florida :	street address	
<u></u>			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete gent as p ed office	performance of my provided for in Chap	duties, and I aroter 605, F.S. C	m familiar with and Or, if this document is
	_	•		
	If Chan	ging Registered Agent	Signature of New	Denistored 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> Fitle</u>	1	<u>Name</u>		Address	Type of Action
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					□ Remove
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The 90th day after the record is filed. JANUARY 8th 2019 Signature of a member or authorized representative of a member	m effe <u>ote:</u> i	ctive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
Signature of a member or authorized representative of a member		
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Page 3 of 3

Filing Fee: \$25.00