

LD60000048540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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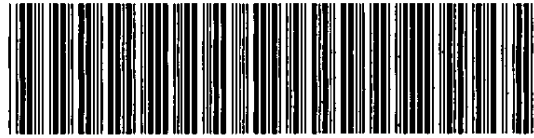
Special Instructions to Filing Officer:

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JUL 28 2008

EXAMINER

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08 JUL 25 AM 10:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section¹
Division of Corporations

SUBJECT: SILVER DREAM CARDS LLC
(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:

ELKE ROLFF, ESQ.

(Name of Person)

ROLFF LAW P.A.

(Firm/Company)

100 SE 2ND STREET, SUITE 2222

(Address)

MIAMI, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

ELKE ROLFF, ESQ.

(Name of Person)

at (786) 228-7850

(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 DREAM CARDS 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 05/11/2006 ☒ and assigned
Florida document number 106000048540 ☒.

This amendment is submitted to amend the following:

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

SILVER DREAM ART & DESIGN, LLC

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:

2848 SHERIDAN AVENUE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI BEACH, FL 33140

Enter new mailing address, if applicable:

2848 SHERIDAN AVENUE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI BEACH, FL 33140

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:

MARK PEARRETT

New Registered Office Address:

2848 SHERIDAN AVENUE

(Enter Florida street address)

MIAMI BEACH

Florida 33140

(City)

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TALLAHASSEE, FLORIDA

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>
N/A			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

N/A

Dated 23 JULY, 2008.



Signature of a member or authorized representative of a member

MARK PEARRETT

Typed or printed name of signee

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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA