

L060000065572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

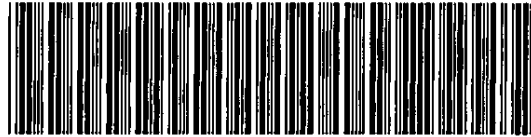
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*SBM*

*Amend*

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06 OCT -4 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Silver Cove Aquisitions, 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:

Tracy L. Jones

(Name of Person)

Silver Cove Acquisitions, LLC

(Firm/Company)

P O Box 87

(Address)

Keystone Heights, FL 32656

(City/State and Zip Code)

For further information concerning this matter, please call:

Tracy L. Jones

(Name of Person)

at ( 352 ) 367-5125

(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 Cove Aquisitions, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on June 28, 2006 and assigned document number L06000065572.

**SECOND:** This amendment is submitted to amend the following:

Please correct the spelling of the business name.

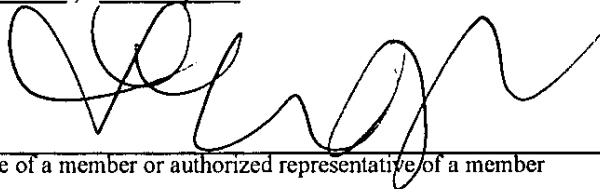
The name of the LLC should read as follows: Silver Cove Acquisitions, LLC.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

July 1

2006



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

Tracy L. Jones

\_\_\_\_\_  
Typed or printed name of signee

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Filing Fee: \$25.00**