107000053947

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(Re	questor's Name)		
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(Cit	y/State/Zip/Phone	e #) .	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status <u>varas</u>	
Special Instructions to Filing Officer:			



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S. HAWKES 0CT 2 3 2009

EXAMINER

S. HAWKES

OCI 1 4 2009

EXAMINER





FLORIDA DEPARTMENT OF STATE Division of Corporations

October 14, 2009

MILDRED BOYD SCHIELLER 114 NE 19TH STREET DELRAY BEACH, FL 33449

SUBJECT: LACASA DEL SOL PROPERTIES, LLC

Ref. Number: L07000053947

We have received your document for LACASA DEL SOL PROPERTIES, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6955.

Letter Number: 509A00032929

Suzanne Hawkes Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

•		•.	
TO: Registration Section Division of Corporations			• .
SUBJECT: LA CASA-	Del Sol PRO	PERTIES, LLC	
	Name of Limited L	iability Company	
The enclosed Articles of Amendment	and fee(s) are submitte	ed for filing.	
Please return all correspondence cond	erming this matter to th	e following:	
<u>_ </u>	illared B	oyd Schoelle Name of Person	
		Firm/Company	
		7th Street Address	
		each fc 33 y/State and Zip Code flace bell south	n.net
For further information concerning th	E-mail address: (to be u	ised for future annual report notific	ation)
Mildred Boyd Sch Name of Person	•	at (<u>561</u>) <u> </u>	Telephone Number
	1/	\$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

LACASA DEL SOL F	MOPERTIES	ردر			
(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 vi Florida document number <u>L670000 53947</u> .	were filed on May 5	ol and assigned P			
This amendment is submitted to amend the following:		5 (A)			
A. If amending name, enter the new name of the limited liabil		0 7			
Silver Service, LLC	5'ilverSeru				
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the desi	gnation "LLC" or the abbreviation			
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 here		, enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City	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 = MGRM	Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add Remove C Add Remove 2: 37
			Remove
			2.3
			Add
			AddRemove
		 	
			AddRemove
D. If a	mending any other information, ente	er change(s) here: (Attach additional she	ets, if necessary.)
			
Dated _	October 9	2009	
	Mia	Boy Jehrle	Managing Monda
	Signature of a	a member or authorized representative of a mo	Maraging Mondsen Maraping Mandsen
	Imara 1	Typed or printed name of signee	No Link

Page 2 of 2

Filing Fee: \$25.00