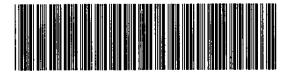
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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:		Enterprises at Youngsville, LL	c	
Sebuter.		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
		Jackie Audette		
			Name of Person	
		Silverstein Enterprises at	Youngsville, LLC	
			Firm/Company	
		PO Box 8550		
			Address	
		Coral Springs, FL 33075-	8660	
			City/State and Zip Code	2016 SEC
		aljac1@comcast.net	to be used for future annual report notification	
For further in	nformation co	ncerning this matter, please co	•	SSEE.F
Jackie Aude	ette		954 441-5057, ext 10 at (£ £
	Name of	Person		ephone Number 11 8
Enclosed is	a check for the	e following amount:		
\$25.00 F	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

Silverstein Enterprises at Youngsville, 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 8/24/2007 and assigned Florida document number L07000087162 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 12350 NW 39th Street Enter new principal offices address, if applicable: Suite 102 (Principal office address MUST BE A STREET ADDRESS) Coral Springs, FL 33065 PO Box 8550 Enter new mailing address, if applicable: Coral Springs, FL 33075-8550 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City 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 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 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>Title</u>	<u>Name</u>	Address	Type of Action
		 	
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	Signature of a	member or author	ized representative of	a member	ASSET O	

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