# L08000095655

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SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations
SUBJECT: SILVER CONNECT WEB DESIGN 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:
ESYSTEMS MANAGEMENT INC.
1414 ROBINDR
MOUNTAIN HOME, AR 72653  City/State and Zip Code  TOMMALONEY 86@ HOT MAIL. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HARRY MURPHY at (630 398 - 4013 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \t

### 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

ed 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 Oct 2008 and assigned 80000,95655 Florida document number 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 end with the words "Limited Liability Company," the designation "L.L.C." 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 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

, Florida

Zip Code

If amending or Managi	<u>ing Member being adde</u>	naging Members o d or removed from	on our records, <u>enter the title, name</u> our records:	, and address	of each Manager
MGR = M MGRM =	anager Managing Member				
<u>Title</u>	<u>Name</u>		Address		Type of Action
MGR	M ARTIST DESIGNS	IC WEB	1414 ROBINDA MOUNTAIN HOME AR 72653	<u> </u>	. ☐ Add <b>X</b> Remove
MGRI	ME SYS MANAGER	TEMS MENTIN	1414 ROBIN C. MOUNTAIN HO AR 72653	DR	Add Remove
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				TALL AH	dd Remove
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D. If amen	nding any other informa	tion, enter change(	s) here: (Attach additional sheets, if i	necessary.)	
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Dated	5 AUGUS	T, 20	14.		
	Sig	nature of a momber of	r authorized representative of a member		

Page 2 of 2

Filing Fee: \$25.00