## L100000007887

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone i	#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name	e)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE DIVISION OF COSPORATIONS

APR 15 2014
J. HARRIS

## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: Silve	r Real Estate (	Group, LL	С	
SUBJECT:		ited Liability Company	··· • · · · · · · · · · · · · · · · · ·	·····
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Brian K. Jan	nes		
		Name of Person		
	Silver Real I	Estate		
		Firm/Company	_	
	320 Harbor	,	5	
	D " EL 0	Address		
	Destin, Fl 3			
	bkjames11@gma	City/State and Zip Coail.com	ode	
		to be used for future and	nual report notific	ation)
For further information c	oncerning this matter, please co	all:		
Brian K. Ja	mes	<sub>at</sub> (850)	259-67	75
Name o	f Person	Area Code	Daytime 1	Felephone Number
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy i	y	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII.	ING ADDRESS:	STR	EET/COURIE	R ADDRESS.

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, 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 Real Estate Group, LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our reco da Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability	Company were filed on 1/22/10	and assigned
Florida document number L1000007887		· · · · · · · · · · · ·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "L	LC" or the abbreviation "L.E."
Enter new principal offices address, if applicable:		AP SID
(Principal office address MUST BE A STREET ADD	RESS)	ス
		SAM
		<b>3 4 6 7 1 1 1 1 1 1 1 1 1 1</b>
Enter new mailing address, if applicable:		- 32
(Mailing address MAY BE A POST OFFICE BOX)		2 5
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		ds, enter the name of the ne
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street addr	ess
		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 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Name **Address** Type of Action Kendall Hood 320 Harbor Blvd # 205 MGR □ Add Destin, FI 32541 Remove Melissa McDonald 320 Harbor Blvd #205 **MGR** □ Add **Destin, FI 32541** ■ Remove Brian K. James 320 Harbor Blvd # 205 MGR ■ Add Destin, FI 32541 ☐ Remove □ Add ☐ Remove □ Add ☐ Remove

f amending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)
-	
Effective date, if other than the date of f. The effective date must be specific, cannot be prior	iling: (optional) to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Depar	tment of State)
Dated	<u>, 2017</u> .
Signature	of a member or authorized representative of a member
Ann Marie James	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00