# L10000/22/65

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SECRETARY OF STATE
ALLAHASSEE FLORIDA

## COVER LETTER

Division of Cor	porations		
SILKWOO SUBJECT:	D MANAGEMENT LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Marie-Josee Garceau		
		Name of Person	
	SILKWOOD MANAGEM	IENT LLC	
		Firm/Company	
	500 Belcher Road South		
		Address	
	Largo, FL 33771		
		City/State and Zip Code	
	marie@silkwoodmanageme	ent.com to be used for future annual report notifi	
			cation)
For further information c	concerning this matter, please ca	all:	
Marie-Josee Garceau		941 776-7465 at()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

TO:

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

SILKWOOD MANAGEMENT LLC		<u>-</u>
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L10000122165	were filed on 11/24/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		TARECTION TO
Enter new mailing address, if applicable:		HASS P
(Mailing address MAY BE A POST OFFICE BOX)		H 12: 08 EFFLORID
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, <u>re</u> :	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	da
	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 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
AMBR	Jasmine E. Kennedy	500 Belcher Rd. South, Largo, FL: 33771	Add
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06/22/2015		
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to determine the date of the date	late of filing or more than 90 days a	<b>ptional)</b> fler filing.) Pursuant to 605.0207 (
<u>Note:</u> If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	e statutory filing requirements, t	his date will not be listed as t
the record specifies a delayed effective date, but not a The 90th day after the record is filed.	n effective time, at 12:03	La.m. on the earlier of:
, The source and record is filed.		
Dated June 22		
There are		15 TAI
	d	F. 01
Signature of a member or authorize	ed representative of a member	SE TI
V	ed representative of a member	AHAS
Marie-Josee Garceau  Typed or printed in		JUN 25 PM 12: 01  RETARY OF STATE AHASSEE, FLORE

Filing Fee: \$25.00