

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SILVER PEACOCK MANAGEMENT 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:

DAVID PANTIN

Name of Person

SILVERPEACOCK MGT LLC

Firm/Company

PO BOX 833

Address

NIAGARA ON THE LAKE

City/State and Zip Code

ONTARIO LOS 1JO

E-mail address: (to be used for future annual report notification)

2012 JUN -4 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

DAVID PANTIN

Name of Person

at (407)

951 7820

Area Code & Daytime Telephone Number

Enclosed is a check for the 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
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

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 = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MR	ALBERT WESSELS	PO BOX 833, LOS 1JO NIAGARA ON THE LAKE ON	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MR	CRAIG JONES	PO BOX 833, LOS 1JO NIAGARA ON THE LAKE ON	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

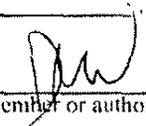
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JUN -4 AM 9:46

FILED

Dated _____



 Signature of a member or authorized representative of a member

DAVID PANTIN

Typed or printed name of signee