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J. BRYAN

14N - 7

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

RIFCT: 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:

Anne-Marie DeNapoli

Name of Person

Silver Peacock Management LLC

Firm/Company

Post Office Box 833

Address

Niagara-on-the-Lake, ON Canada LOS 1J0

City/State and Zip Code

annemarie@silverpeacockgroup.com

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

For further information concerning this matter, please call:

Anne-Marie DeNapoli

...²⁸⁹ **868-936**0

Name of Person

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)

Sectificate of Status & Certificate 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**

ART	ICLES OF O	··· · · · · · · · · · · · · · · · · ·	TION	7013 JAN	FILED
Silver Peacock Manageme	ent LLC			五十	· m
(Name of the Limited		y as it now appe	ars on our records.)		30
(A	A Florida Limited Li	iability Company)	•	75	·:
The Articles of Organization for this Limited L	iability Company	were filed on 12	2/09/2010	and	eneds
Florida document number L10000126503	, ,			201.0	<i>p</i>
- Torida document namoer	· · · · · · · · · · · · · · · · · · ·				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liabi	lity company he	ere:		
The new name must be distinguishable and end wi "L.L.C." Enter new principal offices address, if applic		ed Liability Comp	pany," the designatio	n "LLC" or the ab	breviation
•		421 Johnso	n Street		
(Principal office address MUST BE A STREET ADDRESS)		Niagara-on-the-Lake, Ontario Canada L0S1J0			
		Magara-Ori-	trie-Lake, Oritai	io Carlada Lo-	3100
Enter new mailing address, if applicable:		Post Office	Box 833		
(Mailing address MAY BE A POST OFFICE BOX)		Niagara-on-the-Lake, Ontario Canada			
		LOS 1J0			
B. If amending the registered agent and/ registered agent and/or the new registered of			our records, ente	er the name of	the new
Name of New Registered Agent:	David Pantii	<u>n</u>		***************************************	
New Registered Office Address:	8129 Whitfo	rd Court			
	Enter Florida street address				
	Windermere)	Florida	34786	
		City	, i lorida	Zip Code	
New Registered Agent's Signature, if changing I	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
MR	Craig Jones	PO BOX 833, LOS1JO NIAGARA ON THE LAKE ON LOS1JO	Add
			Remove
			_
		A SEC	Add
		PAR PAR SS	Remove
			Remove
			Add
			Remove
			Add
			Remove
	· · · · · · · · · · · · · · · · · · ·		Add
			Remove

). If amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	0010
_{lated} Januar	<u>y 3 2013</u>
	aborer
	Signature of a member or authorized representative of a member
Anr	ne-Marie DeNapoli
-	Typed or printed name of signee

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Filing Fee: \$25.00

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