## L1000129096

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D. BRUCE
JAN 13 2012
EXAMINER

## **COVER LETTER**

TO:	Registration Sect Division of Corpo		4					
SUBJI	ест: <u>5</u>	ILVER DOO! Name of I	imited Liability Com	pany				
		mendment and fee(s) are						
Please	return an correspond	ience concerning this ma	ater to the following:					
		50011	BRUNDA Name of Per					
		SILVE.	R DOOR Firm/Compa	LLC .				
		P.O. F	30 X 259	45		***		
		SARF	SOTA F	3421 p Code	17	ALLAHASS	12 JAN -9	C PERSONAL PROPERTY OF THE PERSONAL PROPERTY O
		WEST\	UIND 4 @ s: (to be used for future	LIVE.CO	otion)		?	[]]
For fur	ther information con	cerning this matter, plea	•	ter vir gerick.		STAFE LORIDI	II: 37	
50	OH BRI	UNDAGE	at (941	, 266-8	3241			
	Name of P	erson	A	rea Code & Daytime	l'elephone Number			
Enclos	ed is a check for the	following amount:						
\$25	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Statu			\$60.00 Fili Certificat Certified (additions	e of Statu Copy		sed)
	MAILIN	G ADDRESS:	s	TREET/COURIE	R ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SILVER DOOR	LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our d Liability Company)	records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L1000129096</u> .	ny were filed on $\mathbb{DEC}$ , $\mathbb{17}$	200 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and end with the words "Lin'L.L.C."	mited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		ya. j
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		HARRY 9
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		STARE STARE
. If amending the registered agent and/or registered or egistered agent and/or the new registered office address he	office address on our reco ere:	rds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	da street address
		, 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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
1GRM	GAIL CARLSON	PO BOX 25916 SARASOTA, FL 3427	Add Remove
			Add Remove
<del></del>	<del></del>		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	inge(s) here: (Attach additional sheets, if necesso	my.)
			12 JAN-9 1
Dated	TAN. 8 , 20	012	MIII: 87 F. SIATE F. CORIGA
		ber or authorized representative of a member  BRUNDAGE  med or printed name of signee	

Page 2 of 2

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