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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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B. KOHR

FEB 21 2012

EXAMINER



000221970730

02/20/12--01031--008 **60.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 20 PM 3:18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Silverleaf Entertainment 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:

Kyle Vough

Name of Person

Silverleaf entertainment LLC.

Firm/Company

3327 E Silver Springs Blvd.

Address

Ocala FL. 34470

City/State and Zip Code

Kyle_vough@yahoo.com

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

For further information concerning this matter, please call:

Kyle vough

Name of Person

at (352) 304-3925

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 20 PM 3:18

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Silverleaf Entertainment LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 11/21/11 and assigned
Florida document number 45-3867602

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3327 E Silver Springs blvd.
Ocala FL 34470

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3327 E Silver Springs blvd.
Ocala FL 34470

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Kyle Vough

New Registered Office Address:

3327 E Silver Springs blvd.

Enter Florida street address

Ocala

Florida

34470

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.

Kyle Vough
If Changing Registered Agent, Signature of New Registered Agent

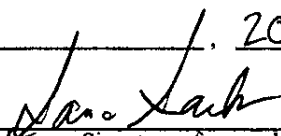
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sara Sands	6863 NE 2nd loop Ocala FL 34470	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Lara Sands	13315 NE 30th Ct Anthony FL 32617	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Kyle Vaughn	13315 NE 30th Ct Anthony FL 32617	<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

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

Dated Feb. 15, 2012



Signature of a member or authorized representative of a member

Sara Sands

Typed or printed name of signee