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D. BRUCE

JUN 08 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
Silver	Orange LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Amir Greenfield		
		Name of Person	
	Siver Orange LL	.C	•
		Firm/Company	
	17 Harbour Isle Dr. West # 405		
		Address	
	Fort Pierce, FL	34949	SE SE
		City/State and Zip Code	CRETARY LAHASSE
	greenies@012.net.il		ASS.
		to be used for future annual report notificat	
For further information	concerning this matter, please of	call:	PH 2: 48 OF STATE E. FLORIC
Dror Triger		at (954) 605-2527	
Name	of Person	Area Code & Daytime To	elephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divisi P.O. I	LING ADDRESS: tration Section from of Corporations Box 6327 massee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Siolver Orange LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears of ited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com	npany were filed on <u>28 /</u>	November / 2011 and assigned	
Florida document number <u>L11000134036</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:	٨	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company	"," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		JUN -7 PH 2: 48 AHASSEE, FLORID	
B. If amending the registered agent and/or registere registered agent and/or the new registered office addres		A	
Name of New Registered Agent:			
New Registered Office Address:	ice Address: Enter Florida 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Type of Action Address Title Name 17 Harbour Isle Dr. West #405 MGRM Anat Levine Melman X ∧dd Fort Pierce FL, 34949 Remove \square \wedge dd Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June/ 02 Dated ___ Signature of a member or authorized representative of a member Amir Greenfiled Typed or printed name of signce

Page 2 of 2

Filing Fee: \$25.00