## L12000025018

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
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no pg 3

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S. WARREN AUG 1 1 2017



August 2, 2017

SEAN A ROSA 11542 LAKE WILLIS DRIVE ORLANDO, FL 32821

SUBJECT: SILENT STORM ENTERTAINMENT "LLC"

Ref. Number: L12000025018

We have received your document for SILENT STORM ENTERTAINMENT "LLC" and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

MISSING PAGE 3 W/SIGNATURE

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 717A00015658

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Registration S Division of Co			
	STORM ENTERTAINMENT L	LC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sul	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	SEAN A. ROSA		
		Name of Person	
	SILENT STORM ENTER	TAINMENT LLC	
		Firm/Company	
	11542 LAKE WILLIS DR	RIVE	
	<del> </del>	Address	<del></del>
	ORLANDO, FL 32821		
	seanrosa29@gmail.com	City/State and Zip Code	
	E-mail address:	to be used for future annual report notif	ication)
For further information	concerning this matter, please of	all:	
Edna Rabata		407 600-2758	
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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	ING ADDRESS	STREET/COURIN	FD ANNDESS.

MAILING 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

SILENT STORM ENTERTAINME	ENT LLC			
(Name of the Limi	ted Linbility Compr (A Florida Linuted	iny as it now appears Liability Company)	s on our records.)	
The Articles of Organization for this Limited L Florida document number L12000025018	iability Company	were filed on 10/2	22/2015 and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited liab	oility company her	<u>re</u> :	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the de	esignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		11542 LAKE WI	BLUS DRIVE	
(Principal office address MUST BE A STREET ADDR  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	ET ADDRESS)	ORLANDO, FL.		
B. If amending the registered agent and registered agent and/or the new registered of	ffice address her	<u>e</u> :	our records, enter the name of the	e nev
Name of New Registered Agent:	SEAN A. ROS.	A		
New Registered Office Address:	H542 LAKE V	VILLIS DRIVE	.,	
New Registered Office Address:	ORLANDO	r.nier r iorii	da street address, Florida <sup>32821</sup>	
		City	Zip Code	_
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as p registered office	performance of no provided for in Ci	my duties, and I am familiar with and hapter 605, F.S. Or, if this document	is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SEAN A. ROSA	11542 Lake Willis Dr.Orlando, Fl. (	
			Remove
		Change to AMBR	Change
MGR	JOHN YASKOFF	2508 NE 18TH AVE, FT, LAUDEF	
		Change to MGR	Change
MGR	EDNA RABATA	11542 Lake Willis Dr.Orlando,Fl 3:	
			□ Remove
			Change
		<del></del>	Add
			Remove
			Change
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			Remove
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			Change

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