#1 12000055036

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K.SALY EXAMINER JUL 26 2012

COVER LETTER

TO:	Registration S Division of Co				
SUBJI	CT.	Blaze H	Holdings, LLC.		
SUBJI	<u> </u>	Name of Limi	ited Liability Company		
The en	closed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	pondence concerning this matter	to the following:		
			Justin Jennings		
			Name of Person		
		E	Blaze Holdings, LLC.		
			Firm/Company		
			PO Box 812260		
Address					
City/State and Zip Code					
			njennings08@gmail.co to be used for future annual repo		
For fur	ther information	concerning this matter, please c	_	on notification,	
	Ju	ustin Jennings	at (561	702-3966	
	Name	of Person		Daytime Telephone Numbe	r
Enclose	ed 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 er	nclosed) Certified	ite of Status &

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

ARTICLES OF	NOANZAI	ION	
0	F	FILED: 12 JUL 25 AM II: 44	
		12 M 3	25 Aug.
Blaze Hold	ings, LLC.	WELLIA TO	**************************************
Blaze Hold (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appe Liability Company)	ars on our records:	SEE, FI OOME
The Articles of Organization for this Limited Liability Company Florida document numberL12000055036		April 23, 2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	ere:	
Silverback Com	panies, LLC.		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Comp	oany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	199 East Bo	ca Road, Suite B	
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33432		
Enter new mailing address, if applicable:	P.O. Box 81	2260	
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33481-2260		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter th	ne name of the ne
Name of New Registered Agent.	,	-	
New Registered Office Address:	E	nter Florida street addr	ess

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.

City

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>	Address	Type of Action
MGR	Justin Jennings	P.O. Box 812260	Add
		Boca Raton, FL 33481	Remove
			Add
			Remove
			Add
			Remove
			Add Remove
			Add Remove
			Add Remove
D 16	din =		
D. 11 amen	ding any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)	
			_
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	July 19	2012	_
	<i>M</i>	este Jennies	
	Signature of	f a member or abthorized representative of a member Justin Jennings	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00