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COVER LETTER

TO: Registration Sec Division of Corp		•	-	
SUBJECT:	Silver Kec Name of Limi	A Realty Graduation and Liability Company	oup UC	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return all correspon	dence concerning this matter t	to the following:		
	13670	Name of Person Key Lea Firm/Company Hidden F Address City/State and Zip Code		
Par Guellar in Granneria a ca			ication)	
	ncerning this matter, please ca	at (407 5 3) Area Code Daytime	5-8988 Telephone Number	
Enclosed is a check for the \$25.00 Filing Fee		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	2.00
MAILI	NG ADDRESS:	STREET/COURI	ER 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

Silver Key (Name of the Limited Li	Realty	Group,	LLC		
(A F	lorida Limited Liability Co	ompany)	-/		
The Articles of Organization for this Limited Liabil Florida document number <u>L</u> 12000156	ity Company were file	d on 12/11/2	0/2_ and a	ssigne	d
This amendment is submitted to amend the followin	ıg:				
A. If amending name, enter the new name of the	limited liability com	pany here:			
The new name must be distinguishable and contain the words	"Limited Liability Compa	ny," the designation "LLC"	or the abbreviation "	L.L.C.	
Enter new principal offices address, if applicable	·:	· · · · · · · · · · · · · · · · · ·			
(Principal office address MUST BE A STREET A	DDRESS)				- <u>:</u>
				<u> 5</u>	<u> </u>
			===	7, 39 	<u>:</u>
Patana and an illiana adda an iliana iliana ka					TON OF COME DAM
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX	ሷ				
				رب ——	<u>-25</u>
				۱۵	
B. If amending the registered agent and/or r		lress on our records,	enter the name	<u>e of t</u>	<u>he~new</u>
registered agent and/or the new registered office	address here:				
Name of New Registered Agent:	Marie	Sierra	ر 		
New Registered Office Address:	13670	Hidden	Fores	,+-(<u> Ci</u> r
_	Orla	Sierra Hidden Enter Florida street address ndo Flo	rida32_ ⁶	82	28
	City		Zip Code	?	
New Registered Agent's Signature if changing Degis	torod Agonti				

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

MGR = Ma $AMBR = Au$	anager athorized Member		
<u>Title</u>	Name	Address	Type of Action
MgR	Euritmia Ortiz		Add
		13670 Hidden Forest Cin Orlando, FL 32828	Remove
			Change
AMBR	Marie Sierra		
		13670 Hidden Forest (Orl 1 FL 32828	Remove Change to MGC
		ON 1FL 32828	und Registingent
			Remove
			Change
-			
			Remove
			Change
			D Add
			Remove
			🗆 Change
			🗆 Add
			□ Remove
			☐ Change

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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be price. Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's record	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (icable statutory filing requirements, this date will not be listed as this.
he record specifies a delayed effective date, but n The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier of:
Dated 5/9 . 2019	<u>.</u> .
	horized representative of a member
Signature of a member or aut	horized representative of a member a Or 1-12

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00