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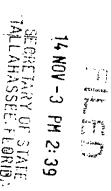
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COVER LETTER

TO: R

Registration Section
Division of Corporations

SILVER CLOUD NO 1 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:

PETER F. PROWANT

Name of Person

SILVER CLOUD NO 1 LLC

Firm/Company

1007 N. FEDERAL HWY #372

Address

FORT LAUDERDALE, FL 33304

City/State and Zip Code

PFPROWANT@GMAIL.COM

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

For further information concerning this matter, please call:

TIM WISE

...954.630-8779

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)

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

551 SW 13TH AVE LLC				
(Name of the Limited	Liability Compan Florida Limited Li	y as it now appears on our rec ability Company)	ords.)	
The Articles of Organization for this Limited Liab Florida document number L13000011960				assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	<u>ie limited liabil</u>	ity company here:		
SILVER CLOUD NO 1 LLC				
The new name must be distinguishable and end with the wor	rds "Limited Liabil	ity Company," the designation '	'LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable	le:	1007 N. FEDERAL	_ HWY #372	
(Principal office address MUST BE A STREET ADDRESS)		FORT LAUDERDA	ALE, FL 33304	
Enter new mailing address, if applicable:		1007 N. FEDERAL	_ HWY #372	
(Mailing address MAY BE A POST OFFICE BC	<u>)X)</u>	FORT LAUDERDA	ALE, FL 33304	
B. If amending the registered agent and/or registered agent and/or the new registered offic			rds, enter the name	ne of the nev
Name of New Registered Agent:	I HAI AAISE		<u></u> ∑≳	2
New Registered Office Address:	2214 S. CY	PRESS BEND DRI	dress C	Σ
	POMPANO	BEACH	Florida 33069	RM
-	/	City	Zip Co	
New Registered Agent's Signature, if changing Reg	istered Agent:			ယ္

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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
		<u> </u>	Add
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			39 Add
			Remove

. If ar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) .
	ctive date, if other than the date of filing:
Date	State F. Dowont
	Signature of a member or authorized representative of a member PETER F. PROWANT
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE