## L13000016486

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T. HALLPTON

## **COVER LETTER**

. TO: ` Registration Section **Division of Corporations** 

3006 SILVER LAKES, 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:

Chandra Blake, Legal Assistant

Name of Person

Mandel & Mandel, LLP

Firm/Company

1601 Broadway - 12th Floor

Address

New York, NY 10018

City/State and Zip Code

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

For further information concerning this matter, please call:

Chandra Blake, Legal Assistant 212,594-5200

Name of Person

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

	06 SILVER LAKES, LLC			
(Name of the Limited (A	Liability Company as it now approprietability Compan	<u>jears on our records.</u> ) y)		
The Articles of Organization for this Limited Liz Florida document number L13000016486	ability Company were filed on	January 31, 2013	and assigned	SIAID
This amendment is submitted to amend the follo	wing:		13 HAY -7	2 CF
A. If amending name, enter the new name of	the limited liability company	here:	7 PM	ION OF CORPOR
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Co	mpany," the designation "LLC	" or the abbrev మ	iation
Enter new principal offices address, if applica	able:	·		
(Principal office address MUST BE A STREE	TADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			<del></del>
B. If amending the registered agent and/or the new registered of		on our records, enter the	name of the	<u>a nev</u>
Name of New Registered Agent:	Lynn Prigozen			
New Registered Office Address:	3109 Grand Avenue	PMB 298		
		Enter Florida street addres		
	Miami	, Florida <u>331</u> ;		
	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, hereby confirm that the limited liability company has been notified in writing of this change.

Charlette Registered Agent, Signature of New Registered As

Page 1 of 3

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

Title	Name	Address	Type of Action
MGR	Elliot Prigozen	3109 Grand Avenue	Add
		Miami, FL 33133	Remove
MGRM	Lynn Prigozen	3109 Grand Avenue, Fin	798 D Add
		Miami, FL 33133	Remove
	William		Add
			Remove SECRE 13 MAY
			OF Add 1 P P Remové
			ATIONS
			Add
	<b>MARK</b>		Add
			Remove

D. If amending any othe	r information, enter change(s) here: (Attach additional sheets, if necessary.)	
Dated April 30	2013	
	Les Misola	
<del></del>	Signature of a member of authorized representative of a member	
	LYNN PRIGOZEN	
	/ Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00