

L13000027969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

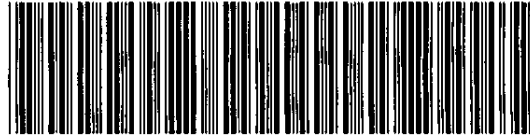
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORP. REGISTRATION
15 MAY 26 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 26 2015

S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Silvercrest 2424 Prop Svcs 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:

Fernando Gimenez
Name of Person

Firm/Company

2929 SW 3rd Av # 210
Address

Miami, FL 33129
City/State and Zip Code

fdog2@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Sinnott at (305) 898-9371
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 26 PM 2:02

SECRETARY OF STATE
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Silvercrest 2424 Prop Svcs LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Feb 22, 2013 and assigned Florida document number L13000027969.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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 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.

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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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Under "Authorized Person Detail" please
replace under "TITLE", "REGISTER AGENT"
for "MANAGER".

(attached copy of sunbiz shows the change
we need)

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated May 22nd, 2015

Signature of a member or authorized representative of a member

Fernando Gomez

Typed or printed name of signee

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DIVISION OF CORPORATIONS
15 MAY 26 PM 2:02
TALLAHASSEE, FLORIDA



Detail by Entity Name

Florida Limited Liability Company

SILVER CREST 2424 PROP SVCS LLC

Filing Information

Document Number L13000027969
FEI/EIN Number 46-2101669
Date Filed 02/22/2013
Effective Date 02/20/2013
State FL
Status ACTIVE

Principal Address

2929 SW 3 AV
 210
 MIAMI, FL 33129

Mailing Address

2929 SW 3 AV
 210
 MIAMI, FL 33129

Registered Agent Name & Address

GIMENEZ, FERNANDO
 2929 SW 3 AV
 230
 MIAMI, FL 33129

Authorized Person(s) Detail

Name & Address

Title ~~REGISTERED AGENT~~ **MANAGER**

GIMENEZ, FERNANDO
 2929 SW 3 AV
 210
 MIAMI, FL 33129

Annual Reports

Report Year	Filed Date
2014	04/22/2014
2015	03/20/2015

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