# 113000059305

(Re	questor's Name)	
(Ad	dress)	
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OCT 1 6 2013

T. HAMPTON

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Silver Lining Construction, 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:	
Trease return an correspondence concerning this matter to the ronowing.	
Acron Silverman Name of Person	
Silver Linia Construction, LLC	
2291 NW 99 Way	
Sunrise, FL 333Z2 City/State and Zip Code	
SICSFI Ogmail, com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Avon Silverran at (954) 770-3986  Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee Certified Copy (additional copy is enclosed)	atus &

### 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

Silver Lining	Construction, LLC	
( <u>Name of the Limited Liabi</u> (A Florid	Ity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	y Company were filed on $4/23/$	and assigned
Florida document number <u>L1300005930</u>	<u>5_</u> .	701 TAI
This amendment is submitted to amend the following		ZOU3 OCT 15 SECRETAR TALLAHASS
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company," the d	<u> </u>
Enter new principal offices address, if applicable:		- Aller - Aller Aller Aller Aller
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		rds, <u>enter the name of the nev</u>
Name of New Registered Agent:		ANNALS TO THE STATE OF THE STAT
New Registered Office Address:		
	Enter Floria	la street address
		Florida Zip Code
	City	zip Coae

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Javier Ortiz	2840 Shipping Avenue Miami, FL 33133	Add
		Miami, FL 33133	Remove
			_
		44	Add
			Remove
		SECRED TALLAND	Add
			ri Remove
		OF	DE 171
	4 <del>-2-4</del>		Add
			Remove
			_
	A A A A A A A A A A A A A A A A A A A		Add
			Remove
			-
			Add
			Remove

). If am		other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	Oct 1	$\frac{1}{1}$ $\frac{2013}{1.1}$
		Signature of a member or authorized representative of a member
		Auron Silverman Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 OCT 15 PM 12: 09
SECRETARIST PLANTS