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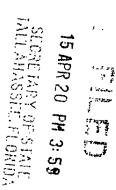
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COVER LETTER

Division of Corpor			
SUBJECT:Silve	er Lining Cons	truction, LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Aaron =	Name of Person	
	Silver L	ining Construction	<u> </u>
		Fun/Company	
	2291	NW 99 Way	
		Address	
	Sunr	ise FC 3332 City/State and Zip Code	2
		r	
-	E-mail address: (1	cority hatmail to be used for future annual report notific	eation)
For further information conc	erning this matter, please ea	all:	
Acurn	Silverman	at (<u>954</u>) <u>770 – 3</u> Area Code Daytime	3986
Name of Pe	rson	Area Code Daytime	l'elephone Number
Enclosed is a check for the fo	ollowing 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

Silver Lining Cons	friction, LLC	
Silver Lining Cons- (Name of the Limited Limit	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000059305</u> .	were filed on 4/23/13	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2291 NW 99 V Suncise FL 33.	vail
(Principal office address MUST BE A STREET ADDRESS)	Sunrise FL 33.	322
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2291 NW 99 W Snrise, FC 333	g y
(Mutang dadress MAT BE A TOST OF FICE BOA)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent:		PR 20
New Registered Office Address:	Enter Florida street address	G P III
		33 C T
	, Florida	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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member Type of Action Address <u>Title</u> <u>Name</u> AMBR Agron Silvernan 2291 NW 99 Way Add Sunrise, FL 33327 Remove □ Add □ Add _____ □ Remove ☐ Remove

`If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	,
Effective	e date, if other than the date of filing:
the date th	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
	1/1-
Dated	9/17 , 2015 /
	1/000000
	Construction of the construction of a number
	Signature of a member or authorized representative of a member
	Vanesa Kotledo
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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S. CARRELL ST. CAR