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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| | | tion Sect of Corp | | •. | |
|-----------|-------------|----------------------------------|---|---|--|
| SUBJEC | | sil Lake P | lealty LLC | | |
| SUBJEC | ·1: | | Name of Limi | ted Liability Company | |
| The encl | osed Arti | icles of A | mendment and fee(s) are subr | nitted for filing. | |
| Please re | eturn all c | correspon | dence concerning this matter t | o the following: | |
| | | | Tori Lewis | | |
| | | | | Name of Person | |
| | | | At Your Service Tax & Ac | counting | |
| | | | | Firm/Company | _ |
| | | | 923 E Klosterman RD | | |
| | | | | Address | _ |
| | | | Tarpon Springs, FL 34689 | | 128 6 |
| | | | VIGGO.NIELSEN@MT.CO | City/State and Zip Code DM | SEP-8 M 9:5 |
| | | | E-mail address: (t | o be used for future annual report notification) | 经 8 円 |
| For furth | ner inforn | nation co | ncerning this matter, please ca | II: | 三三二 三三二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二 |
| Tori Lev | wis | | | 727 682-4233 | 08-7-58 |
| | | Name of | Person | Area Code Daytime Telephone Numb | |
| Enclosed | d is a che | ck for the | following amount: | | |
| \$25. | .00 Filing | ; Fee | □ \$30.00 Filing Fee & Certificate of Status | (additional copy is enclosed) Certifie | ate of Status & |
| | • | Registra Division P.O. Box | NG ADDRESS: tion Section of Corporations a 6327 see, FL 32314 | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | |

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Florida document number L13000080198 | assigned |
|--|---------------|
| Florida document number L13000080198 | assigned |
| This amendment is submitted to amend the following: | |
| 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: | 5 |
| (Mailing address MAY BE A POST OFFICE BOX) | SS T |
| | 8 |
| Tale of the second seco | = 0 |
| B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: | ne of the nev |
| No see of No. Don't do a life of the see of | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter Florida street address | |
| | |

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 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> | Address | Type of Action |
|--------------|------------------|-----------------------|----------------|
| MGR | KATHRINE NIELSEN | 4953 QUILL COURT | Add |
| | | PALM HARBOR, FL 34685 | ■ Remove |
| | | | Change |
| MGR | VIGGO NIELSEN | 4953 QUILL COURT | ⊒ Add |
| | | PALM HARBOR, FL 34685 | Remove |
| | | | ☐ Change |
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| 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 603,0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated 1/1 - 20/6 Signature of a member or authorized representative of a member | | | | | | | | | | |
|--|--|----------------|--------------|-------------|-------------|-------------|--|--------------|-----------------|---------------------------------------|
| 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated 1/1 - 20/6 Accepted Accept | | | | | | | | | | |
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Filing Fee: \$25.00