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COVER LETTER

Divisio	on of Corpo	rations		
OUD IECT.	STLVER	SPRINGS MANAGEMENT	. LLC.	
SUBJECT: _	<u> </u>		ed Liability Company	
The enclosed A	rticles of Ar	mendment and fee(s) are subr	mitted for filing.	
Please return al	l correspond	lence concerning this matter	to the following:	
		Owen Duke		•
			Name of Person	
		Silver Spring	s Management, LLC.	
			Firm/Company	
		1250 S. Pine	Island Road, Ste. 500	
			Address	
		Plantation, F	L 33324	
			City/State and Zip Code	
		oduke@bgcap.c		
		E-mail address: (to	be used for future annual report notificati	on)
For further info	rmation con	cerning this matter, please ca	all:	
Owen	Duke		at (<u>954)</u> 762-2223	
	Name of F	Person	Area Code & Daytime Te	elephone Number
	•			
Enclosed is a cl	heck for the	following amount:		
№ \$25.00 Filir	ng 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

TO:

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 SPRINGS MANAGEM	ENT, LLC.					
(<u>Name of the Limited</u> (A	<u>Liability Company a</u> Florida Limited Liabi	s it now appears ity Company)	од our rec	ords.)		
· ·						
The Articles of Organization for this Limited Lia	ability Company wer	e filed on <u>Aug</u>	gust 19,	2013	and as	signed
Florida document number L13000116958	<u> </u>					
This amendment is submitted to amend the follo	wing:				* 5. 18 * 7. * 7. * * 7. * * 7. * * 7. * * 7. * * 7. * 7	030
A. If amending name, enter the new name of	the limited liability	company here	; ;		ું દૂધું હો કુંદિ પદ	70 ·
The new name must be distinguishable and end with "L.L.C."	the words "Limited I	Liability Compan	y," the des	ignation "L	LCy or the	abbreviatio
Enter new principal offices address, if applica	ble:	1250 S. I	Pine Isl	and Roa	ad, Ste	500
(Principal office address MUST BE A STREET	TADDRESS) _	Plantatio	on, FL	33324		
Enter new mailing address, if applicable:	_					
(Mailing address MAY BE A POST OFFICE E	<u>BOX)</u>	1250 S. P Plantatio			ad. Ste	500
B. If amending the registered agent and/o registered agent and/or the new registered off		address on o	ur record	s, <u>enter t</u>	he name	of the nev
Name of New Registered Agent:	Owen Duke					
New Registered Office Address:	1250 S. Pi	ne Island R	oad, Ste	e. 500		
		Ente	er Florida	street add	ress	
	Plantation		. F	lorida	33324	
		ity			Zip Cod	le

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 Owen Duke 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

<u>Title</u>	Name	Address	Type of Action
MGRM	BG Capital Management South Florida. LLC.	1250 S. Pine Island Road, Ste. 500 Plantation, FL 33324	X Add
			Remove
MGR	Owen Duke	1250 S. Pine Island Road, Ste. 500 Plantation, FL 33324	Add Remove
MGR	Kristie Ward	1250 S. Pine Island Road, Ste. 500	X Add
		Plantation, FL 33324	100
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	November 15 th , 2013.
	AIBW=
	Signature of a member or authorized representative of a member
	Joel R. Wiessner, Managing Member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00