L13000131457

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SECHETARY OF STATE
SECHETARY OF STATE
OF ANALYSES FLORIDA

N. Culligan JUN - 4 2014



TO:

Registration Section
Division of Corporations

SILVERBELL 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:

ELENA SOSNOVSKAYA

Name of Person

ES ACCOUNTING SERVICES INC

Firm/Company

2200 NE 11 STREET

Address

HALLANDALE, FL 33009

City/State and Zip Code

LENOK69@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELENA SOSNOVSKAYA

_{...}954、699-5969

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGAN#ZATION OF

FILED 2014 MAY 27 AM II: 35

SECHETARY OF STATE TALLAHASSEE, FLORIDA

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company has been notified in writing of this change.

(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 L Florida document number <u>L13000137457</u>	iability Company were filed on 09/3	and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company here	:
The new name must be distinguishable and end with the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	/or registered office address on	
Name of New Registered Agent:	ES ACCOUNTING SERVI	CE INC
New Registered Office Address:	18801 COLLINS AVE, ST	
	Enter Florid	a street address
	SUNNY ISLES BEACH	, Florida 33160
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as registered provisions of all statutes relative to the propagations of my position as real	per and complete performance of n	ny duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	TANKARD HOLDINGS INC	6820 LYONS TECHNOLOGY CIR STE	125 <u> </u>
		COCONUT CREEK, FL 330	73 □ Remove
MGR	SERGEY FALEEV	6820 LYONS TECHNOLOGY CIR STE 1	 25 □ Add
		COCONUT CREEK, FL 330	73 ■ Remove
MGR	TANKARD HOLDINGS INC	6820 LYONS TECHNOLOGY CIR STE	 125 □ Add
		COCONUT CREEK, FL 330	73 ■ Remove
MGR	KSENIA VOROBYEVA	6820 LYONS TECHNOLOGY CIR STE 1	 25 ■ Add
		COCONUT CREEK, FL 330	73 □ Remove
			□ Remove
			□ Add
			Remove

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the date this document is filed by th	Signature of a member or autho	(optional) ed date and cannot be more than 90 days after . rized representative of a member

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Filing Fee: \$25.00