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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	STUC Hole Name of Lim	dings, UC	
<del></del>	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Troy Au	Name of Person	
	SFLC HOL	dings, LLC Firm/Company	<del></del>
	1485 Interna	Honal Pluy SA	4
	Lake Mary,	F1 32746 City/State and Zip Code	ALLAHASSE TLORIDA  2.83.0
	Try @ Scco E-mail address:	City/State and Zip Code  arcd in vest mentlend  to be used for future annual report notif	Ing (am SSE)
For further information co	oncerning this matter, please c	all:	2830 ES
Tray A	ills	at (407) 878- Area Code Daytime	2830 \$ 5
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e 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 ORGANIZATION OF

SILC	Holdings, Lic
(Name of the Limited L. (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number \( \bigcup \frac{40005845}{}	ity Company were filed on $4/9/4$ and assigned $9$ .
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, the name of the new
Name of New Registered Agent:	Corner =
New Registered Office Address:	Enter Florida street address
	, Florida
_	City Zin Code

## New Registered Agent's Signature, if changing Registered Agent:

( 1.3)

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

or removed fr	om our records:		
MGR = Mar AMBR = Aut	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMOR	Ernost C. Aulls II	1485 International Plany	Add
		str 1031	Remove
		Lake Mary, Fl 32746	☐ Change
			Add
			□ Remove
			Change
-			
			Remove
		CREAL AND A CONTRACT OF THE CO	Remove
		LLAHASSEE, FLORIDA	Add
		LORIDA LORIDA	Adding Remove
			Change
			Add
			□ Remove
			☐ Change
			🗖 Add
			☐ Remove
			□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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ote:		5.
The	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli Oth day after the record is filed.	er
ited	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00