

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L14000146604

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000208054 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORP USA
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Fax Number : (305) 633-9696

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SILVERNAP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

AUG 09 2017
J. HARRIS



August 8, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SILVERNAP, LLC
8362 PINES BOULEVARD
#359
PEMBROKE PINES, FL 33024

SUBJECT: SILVERNAP, LLC
REF: L14000146004

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please disregard previous letter sent by mistake.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H17000208054
Letter Number: 517A00016066

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TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Silvermap, LLC, a Florida limited liability company

(Name of the Limited Liability Company, consistent with the name on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 18, 2014 and assigned Florida document number 134000146004.

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 office address, if applicable:

Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

8362 Pines Blvd #359
Pembroke Pines FL 33024

B. If amending the registered agent and/or registered office address as our records show, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent

James Leon

New Registered Office Address

8362 PINES BLVD # 359

Enter Florida street address

PEMBROKE PINES

Florida

33024

City

Zip Code

New Registered Agent's Signature. If choosing 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.

James Leon

If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
MGR	James Leon	8362 Pines Boulevard, Suite 359	☒ Add
		Pembroke Pines, FL 33024	☐ Remove
			☐ Change
MGR	Karen Martin	8362 Pines Boulevard, Suite 359	☐ Add
		Pembroke Pines, FL 33024	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

Page 2 of 3

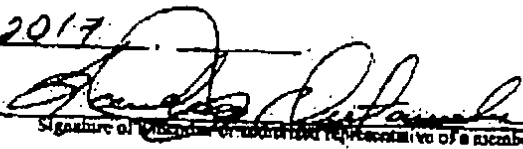
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. 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 §05.0207 (3)(b)
NOTE: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 5/22/2017


Signature of filer or authorized representative of a member
SANDRA ONTANEDA

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE FLORIDA