(Address) (Address)	50027702203	5
(City/State/Zip/Phone #)		
(Business Entity Name)	09/14/1501044002	**30.00
(Document Number)		
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Division of Co			<i>*</i> *	
Aralia Par	tners, LLC			
SUBJECT.	Name of Lir	nited Liability Company		
	f Amendment and fee(s) are sul	-		
·	Rowland H. Geddie, III	C .		
		Name of Person		,
	Gardner Capital, Inc.			
		Firm/Company		
	1414 E. Primrose Street, S	Suite 100		
		Address		
	Springfield, Missouri 658	304		
		City/State and Zip Code		\$6 TA 17
	rgeddie@gardnercapital.co			FIN
For further information of	concerning this matter, please c	to be used for future annual report notifiall:	ication)	
Rowland H. Geddie, III		417 447-4623 at ()		<u> </u>
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

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

Aralia Partners, LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) Ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L15000003094	Company were filed on January 7, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lir</u>	nited liability company here:	
Silversmith Pointe Partners, LLC		
The new name must be distinguishable and contain the words "Li	mited 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 ADD	DRESS)	
		第一年 11
	· · · · · · · · · · · · · · · · · · ·	-1.
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		्र _ः । । । । । । । । । । । । । । । । । । ।
 If amending the registered agent and/or registered agent and/or the new registered office adented 		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		a
	City	Zip Code

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			D Add
			□ Remove
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Note: If the dat	if other than the dis listed, the date must e inserted in this blo ctive date on the De	ck does not meet	the applicable	te of filing or more statutory filing re	(option than 90 days after equirements, this	onal) filing.) Pursuant to date will not be	605.0207 listed as
e record spe The 90th da	cifies a delayed ay after the reco	effective date rd is filed.	, but not an	effective tim	e, at 12:01 a	i.m. on the ea	rlier of
September	er 4	20	015				
- cir t	ERAMITH POR	NTE GP, L'LC,	General Par	tner			
SILV							
By:	Ulm/th	Signature of a memb					

Page 3 of 3

Filing Fee: \$25.00