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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Silver King Design and Build 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:
Michael Cahran Name of Person
Silver King Design and Build
719 NW 6th Auc
Ft. Landurdale FL 33311
City/State and Zip Code Mille Skylosian build com E-mail address: (to be be defor future annual report notification)
For further information concerning this matter, please call:
Michael Cochran at (954) 383 9459
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status} \text{ \$\text{Solon Filing Fee & Certified Copy (additional copy is enclosed)}} \text{ \$\text{\$\text{Solon Filing Fee & Certified Copy (additional copy is enclosed)}} \text{ \$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\tex

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 ARTICLES OF ORGANIZATION **OF**

Silver Kins Design and Build (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(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 Liability Company were filed on 2/19/15 and assigned
Florida document number LIS0000 32450.
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 offices 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)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
City —Zip Codiz
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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

	g Authorized Person(s) authorized to n from our records:	nanage, enter the title, name, and address of each	person being added
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Typed or printed name of signee

Filing Fee: \$25.00