

**L15000051133**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

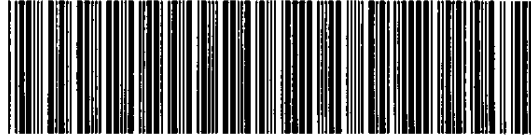
\_\_\_\_\_  
(Document Number)

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16 AUG 17 PM 1:51

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 29 2016

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2016

GRETCHEN WALKER  
5762 CHICORY DRIVE  
TITUSVILLE, FL 32780

SUBJECT: THE-SILVERLINING.ORG LLC  
Ref. Number: L15000051133

2016 AUG 29 PM 1:22  
TALLAHASSEE, FLORIDA

We have received your document for THE-SILVERLINING.ORG LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

SILVER LINING, LLC - L97000000937

16 AUG 17 PM 1:51  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 516A00017523

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** The - Silverlining.org, 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:

Gretchen Walker  
Name of Person

Firm/Company

5762 Chicory Dr  
Address

Titusville, FL 32780  
City/State and Zip Code

Phoebe.Walker@silverliningsfyi.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gretchen Walker at (321) 482-2887  
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)

*PD with first submission*

**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

**TO  
ARTICLES OF ORGANIZATION  
OF**

The-Silverlining.org, LLC

(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 3-25-2015 and assigned Florida document number L15000051133

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Silverlinings F.Y.I., LLC

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)**

N/A no change

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

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TALLAHASSEE, FLORIDA

**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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

\_\_\_\_\_, **Florida**

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.*

N/A

**If Changing Registered Agent, Signature of New Registered Agent**

or removed from our records:

N/A

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 AUG 17 PM 1:11

*Jan*

16 AUG 17 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


**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 605.0207 (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 8 / 25, 2016.



Signature of a member or authorized representative of a member

Gretchen Walker

Typed or printed name of signee