## 15000/86/23

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## **COVER LETTER**

	gistration Se vision of Cor					
COURTE CAR.		PROGRAM LLC				
SUBJECT:			ited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		SACHA M. ROSA				
			Name of Person			
		SILK DAY PROGRAM L	LC			
	Firm/Company					
		8073 MARSH CIRCLE				
			Address			
		LABELLE,FLORIDA 339	935			
			City/State and Zip Code			
		AGNES_GEORGE@YAH				
For further i	nformation co	n-mail address: (	to be used for future annual report notif all:	ication)		
SACHA M	. ROSA		863 675-0230 at ()			
	Name of	Person	at () Area Code Daytime	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

SILK DAY PROGRAM LLC					
( <u>Name of the Limited Lia</u> (A Flo	bility Compar rida Limited L	y as it now appears on our recor- iability Company)	<u>ds.</u> )		
The Articles of Organization for this Limited Liability Company were filed on 11/02/2015					ned
Florida document number L15000186123					
This amendment is submitted to amend the following	:				
A. If amending name, enter the new name of the l	imited liabi	lity company here:			
N/A					
The new name must be distinguishable and contain the words "I	Limited Liabili	ty Company," the designation "LL	C" or the abbrev	iation "L.L.	C."
Enter new principal offices address, if applicable:		165 S. Lee St. Suite 200			3-00
(Principal office address MUST BE A STREET AD	DRESS)	LABELLE, FLORIDA 33935		(**)	- :
					:
				ر	
Enter new mailing address, if applicable:		8073 MARSH CIRCLE		1 ma 125	
(Mailing address MAY BE A POST OFFICE BOX)		LABELLE,FLORIDA 33935		မှာ	Ü
				ą,	
B. If amending the registered agent and/or re registered agent and/or the new registered office a			is, <u>enter the</u>	name of	the nev
Name of New Registered Agent: N/z	4				
New Registered Office Address:					
		Enter Florida street addre	tss.		
			lorida	<del></del>	
		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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CLINT DODDS	8073 MARSH CIRCLE	<b>∃</b> Add
		LABELLE,FLORIDA 33935	<b>5</b> P
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ective date, if other than the da	te of filing:	(optional)	
effective date is listed, the date must be e: If the date inserted in this block	specific and cannot be prior to date of filing does not meet the applicable statutory f	or more than 90 days after filing.) Pu filing requirements, this date will	rsuant to 605   not-be-list
iment's effective date on the Depar	rtment of State's records.		
	·		
		e time, at 12:01 a.m. on	the earli
record specifies a delayed ef he 90th day after the record NOVEMBER 13			
ne 90th day after the record	l is filed.		
ne 90th day after the record no new movember 13	l is filed.	uive of a member	

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Filing Fee: \$25.00