L15000205744

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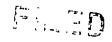
TO:	Registration So Division of Cor			
	Silverstone	Homes, LLC		
SUBJE	CT:			
		Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Christopher Koepplinger		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Silverstone Homes, LLC		
		624 Golden Dawn Lane	Firm/Company	
		624 Golden Dawn Lane		
			Address	
		Apopka/ Florida 32712		
		chris@silverstonehomesfl.c	City/State and Zip Code om	
		E-mail address: (to be used for future annual report not	ification)
For furt	her information c	oncerning this matter, please c	all:	
Christop	oher Koepplinger		406-4263	
.—	Name o	T Person	at () Area Code Daytin	ne Telephone Number
		he 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 radditional copy is enclosed)
	Mailing Addres		Street Address:	
	Registration S Division of C		Registration Sc Division of Co	
	P.O. Box 632	•	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Silverstone Homes, LLC		2023 MAR -6 AM 9: 43
(Name of the Limited Liabi	lity Company as it now appears on our re la Limited Liability Company)	
(A Floridation for this Limited Liability) Florida document number L15000205744	Company were filed on	TALL
r forida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	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	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	•	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		nter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		. Florida
	Cuy	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N	lanager
---------	---------

AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Brett Lovings	624 Golden Dawn Lane, Apopka FL, 32712	≣ Add
			□Remove
			□Change
			□Remove
			[]Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			🗀 Add
			□Remove
		·····	[]Change
			🗀 Add
			🗀 Remove
			□Change

• • • • • • •

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	ist be specific and cannot be prior to d lock does not meet the applicable	(optional) late of filing or more than 90 days after filing.) Pursuant to 605.02 e statutory filing requirements, this date will not be listed
If the record specifies a delayed effecti record is filed.	ve date, but not an effective time,	, at 12:01 a.m. on the earlier of: (b) The 90th day after th
February 24	2023	
Dated		·

Typed or printed name of signee