116000064767

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COVER LETTER

TO: Registration Section Division of Corporation		••	
SUBJECT: Sil	icon Valley Name of Lim	Tampa REIT ited Liability Company	LLC
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Kai	Deng Name of Person	
	Silica	on Valley Tampa Firm/Company	REIT LLC
	301 W P	Platt St Suite 3	358
	Tamp	a, FL 33602 City/State and Zip Code ham 01 @ gmail Com to be used for future annual report notion	
-	E-mail address: (1	ham 01 @ 9 mail - Com to be used for future annual report notion	ication)
For further information conce	erning this matter, please ca	all:	
Kgi (Peter) Name of Per	Den g son	at (858) 888 - Area Code Daytimo	2576 e Telephone Number
Enclosed is a check for the fo	ollowing 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

FI	LED
ZOIG DEC - P TALLAHASSEE	PH 4: 46
TO SEE	FLORIE

Zip Code

Silicon Valley Tamp	DA REIT LLC PALLAHARY OF 4
(Name of the Limited Liability Com (A Florida Limite	DA REIT LLC ALLAHASSEE FLORIDA
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 6000064767</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "LLC."
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 registered agent and/or the new registered office address he	office address on our records, enter the name of the newere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

Cuy

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	Todd Rullman	301 W Platt St	
		Suite 358	Remove
		Tampa, FL 33602	Change
5	Scott Graham	301 W Platt St	[X Add
	#358	☐ Remove	
		Tampa, FL 33602	Change
			Add
			Remove TALLAHASSEE. FLORIO. Change
			☐ Bemove ☐ Change
			Add
			☐ Remove
			☐ Change
			Remove
			Change

amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	PACE RECEIVED
	TO PORT I
	END TO
_	EE. FLORE
<u></u>	
_	
an effe Note: 1	re date, if other than the date of filing: 11/28/16 (optional) etive 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 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	November 28, 2016 November 28, 2016
	No Dy MAN
	Signature of a member of authorized representative of a member
	KAI DENG

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Filing Fee: \$25.00