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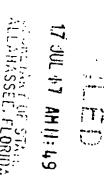
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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COVER LETTER

ΓΟ: Registration Se Division of Co			
	lley Tampa REIT, LLC		
, objecti	Name of Lin	ited Liability Company	
	Amendment and fee(s) are sub	-	
·	Kai Deng	-	
		Name of Person	
	Silicon Valley Tampa REI	T,LLC	
		Firm/Company	·
	301 W Platt Street #358		
		Address	
	Tampa, FL 33606		
	bj_banker@hotmail.com	City/State and Zip Code	
	•	to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please c	all:	
Scott Graham		813 344-7888 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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 (additional copy is enclosed)
	ING ANDARGO		

MAILING ADDRESS:

TO:

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

Silicon Valley Tam		
(<u>Name of the Limited Liability Co</u>) (A Florida Limi	mpany as it now appears on our ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited b	i <u>ability company here</u> :	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		; •
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>₩</u>
		SS = ······
B. If amending the registered agent and/or registered	i office address on our i	ecords, enter the name of the ne
registered agent and/or the new registered office address	<u>here</u> :	
		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	1 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.

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			
S	Scott Graham	301 W Platt St #358				
		Tampa, FL 33606	<u></u> ■ Remove			
			Change			
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ffective date, if other than the date of an effective date is listed, the date must be speciote: If the date inserted in this block does occument's effective date on the Department	not meet the applica	o date of filing or mor ble statutory filing	(optiona e than 90 days after fili requirements, this da	il) 1g.) Pursua te will no	nt to 605 1 be liste	i,02- cd :
e record specifies a delayed effect The 90th day after the record is f	ive date, but not îled.	an effective tir	ne, at 12:01 a.m	ı. on the	e earlie	er ·
ated July 12	. 2017					
Significant LIM	HOY-	ized representative o				

Page 3 of 3

Filing Fee: \$25.00