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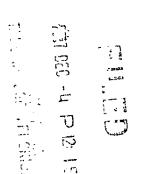
(R	Requestor's Name)	
(A	address)	
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(C	City/State/Zip/Phone	e #)
. PICK-UP	☐ WAIT	MAIL
(B	Business Entity Nan	ne)
· (D	Occument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	

Office Use Only



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D. SCOTT DEC 5 2017

COVER LETTER

TO: Registration Section **Division of Corporations** SILVER OAKS HOLDING II, LLC SUBJECT: 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: Harold J Myers Name of Person Strawberry Patch Holding II, LLC Firm/Company 337 Bahia Vista Dr Address Indian Rocks Beach FL 33785 City/State and Zip Code JimMyers007@Gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Harold Myers Name of Person Daytime Telephone Number_____ Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, SILVER OAKS HOLDING II, LLC	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 4-25-2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
STRAWBERRY PATCH HOLDING II, LLC	
The new name must be distinguishable and contain the words "L	imited 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 ADL	DRESS)
	THE PARTY OF THE P
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	*
	\in \square
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, enter the name of the nev
	(C) } {
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address (7)
	, 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
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			Remove
			Change
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			□ Change

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fective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing or mor	re than 90 days after filing.) Pursuant to 605,0207
ote: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	requirements, this date will not be listed as
e record specifies a delayed effective date, but not an effective tir The 90th day after the record is filed.	me, at 12:01 a.m. on the earlier of
December 1 2017	
ated	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00