## L16000103540

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SECRETARY OF STATE
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## **COVER LETTER**

то:	Registration Se Division of Cor			
SUBJEC	Silver Star	Mortgage, LLC		
SOBJEC		Name of Lim	ited Liability Company	<del></del>
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Ruben Galan		
			Name of Person	<del></del>
	Silver Star Mortgage, LLC  Name of Limited Liability Company  Polosed Articles of Amendment and fee(s) are submitted for filing.  Ruben Galan  Name of Person  Silver Star Mortgage, LLC  Firm/Company  8810 Commodity Circle, Suite 17  Address  Orlando, FL 32819  City/State and Zip Code  SilverStarMtg@gmail.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:			
		of Corporations er Star Mortgage, LLC  Name of Limited Liability Company  Cles of Amendment and fee(s) are submitted for filing.  Orrespondence concerning this matter to the following:  Ruben Galan  Name of Person  Silver Star Mortgage, LLC  Finn/Company  8810 Commodity Circle, Suite 17  Address  Orlando, FL 32819  City/State and Zip Code  SilverStarMtg@gmail.com  E-mail address: (to be used for future annual report notification)  attion concerning this matter, please call:  Area Code  \$\frac{201}{Area Code}\$  \$\frac{726-0243}{Daytime Telephone Number}\$  Area Code  \$\frac{350.00 \text{ Filing Fee}}{Gadditional copy is enclosed}\$  MAILING ADDRESS:  Registration Section  Division of Corporations  Clifton Building i		
		8810 Commodity Circle, S	nent and fee(s) are submitted for filing.  concerning this matter to the following:  en Galan  Name of Person  er Star Mortgage, LLC  Firm/Company  O Commodity Circle, Suite 17  Address  ndo, FL 32819  City/State and Zip Code eStarMtg@gmail.com  E-mail address: (to be used for future annual report notification)  g this matter, please call:  at (201  Area Code	
			Address	<del></del> -
		Orlando, FL 32819		
			City/State and Zip Code	
			·	tification)
For furth	er information co	oncerning this matter, please ca	all:	
Ruben G	ialan			
	Name of	Person		me Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				1
	Registra Divisio P.O. Bo	ation Section n of Corporations	Registration Sect Division of Corpo Clifton Building	ion prations \ lenter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Silver Star Mortgage, LLC		
( <u>Name of the Limited Liab</u> (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 L16000102540	Company were filed on 05/25/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" of	Mile and
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	22 0 <b>-</b>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FLORIDA
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	istered office address on our records,	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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	Carlos Frederico R Guedes	8810 Commodity Circle, Suite 17	
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fective date, if other than the confective date is listed, the date mote: If the date inserted in this	ust be specific and can	ot be prior to date of fi	ling or more than 90	days after fili	ng.) Pursu nte will no	ant to 605.0207
cument's effective date on the	Department of State	s records.	My minig requirem	ones, unis de	ic will in	n be listed as
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Ruben Galan	Signature of a meml	er or authorized repre	semative of a memor	1.7. P	O D	<u>m</u>

Page 3 of 3

Filing Fee: \$25.00