## L16000143429

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	<del>; #)</del>
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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**S Warren** AUG 1 7 2016

## **COVER LETTER**

**Registration Section** 

TO;

Division of Co	rporations		•
SILVER SUBJECT:	CREEK SHIPPING		
10 b J P.C 1 :	Name of Lim	ited Liability Company	<del></del>
		•	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	· :
Please return all correspo	ondence concerning this matter	to the following:	
	MARK PROSPER		
		Name of Person	<del></del>
	SILVER CREEK SHIPPI	NG, LLC	
		Firm/Company	
	14311 BISCAYNE BOUL	EVARD, SUITE 1783	
		Address	<del> </del>
	NORTH MIAMI, FL 3326	-	
		City/State and Zip Code	<del></del> :
	MARK@SCSMIAFL.CON		
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
MARK PROSPER		305 205-1508 at ()	
Name e	of Person	Area Code Daytime	: Telephone Number
closed is a check for t	he following amount:		
S25.00 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 ADDRESS:	STREET/COURI	
Divisio	on of Corporations	Registration Section Division of Corpora	
	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Ce	nter Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, SILVER CREEK SHIPPING, LLC			
(Name of the Limited	Liability Compa A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Lia	bility Company	were filed on <u>08-01-2016</u>	and assigned
his amendment is submitted to amend the follow	ving:		
. If amending name, enter the new name of t	the limited liab	ility company here:	• •
N/A			
he new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the designation	
Enter new principal offices address, if applical	ble:	N/A	7 - 17 Tuesday Statements
Principal office address MUST BE A STREET	ADDRESS)	N/A	%2 o m
		N/A	
Enter new mailing address, if applicable:		N/A	12: 07:
Mailing address MAY BE A POST OFFICE BOX)		document number L16000143429  mendment is submitted to amend the following:  mending name, enter the new name of the limited liability company here:  mame must be distinguishable and contain the words "Limited Liability Company," the designation "L1.C" of the abbreviation #144.C" o	
		N/A	
3. If amending the registered agent and/or egistered agent and/or the new registered offi	r registered o ce address her	ffice address on our re e:	cords, <u>enter the name of the</u>
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
the new name must be distinguishable and contain the new principal offices address, if appearincipal office address MUST BE A STRIP of the new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE  The distinguishable and the registered agent are registered agent and/or the new registered agent:  Name of New Registered Agent:		Enter Florida street	address
•	N/A		_, Florida
		City	Zip Code ·

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

I vereby 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 14311 BISCAYNE BLVD, STE 1783	Type of Action
MGR	JUNIOR JEAN BAPTISTE	NORTH MIAMI, FL 33261	≣ Add
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<b>ctive date, if oth</b> effective date is liste	er than the dat	e of filing:				(optional	l)	
E If the date inserment's effective described as specifies the good part of the good part o	rted in this block of date on the Depart	does not meet tment of State fective date	t the applicable 's records.	statutory filing	requirement	s, this dat	e will not be	: listec
d August	10		2016.				· :	
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Filing Fee: \$25.00