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TALLAHASSEE, FLORIDA

D. SCOTT

OCT 20 2016

# **DUNKIN & SHIRLEY, P.A.**

**Attorneys at Law**

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October 16, 2016

State of Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Registration Section

Subject: SILVERWING 323, LLC

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

David A. Dunkin  
Dunkin & Shirley, P.A.  
170 West Dearborn Street  
Englewood, Florida 34223  
[David@DSLAWFL.com](mailto:David@DSLAWFL.com)

For further information on this matter, please call:

David A. Dunkin – 941.474.7753

Enclosed is a check for \$30.00 for the filing fee and Certificate of Status.

Thank you!

DUNKIN & SHIRLEY, P.A.



David A. Dunkin  
DAD/ns

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SILVERWING 323, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 27, 2016 and assigned  
Florida document number L16000179999.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SILVER KING 323, LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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