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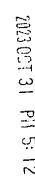
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of 11/12/23

COVER LETTER

Division of Corporations
SUBJECT: SILVER CROSSING CENTER LLC 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:
DANIEL HAUBERSTEIN Name of Person
SILVER CROSSING CENTER LLC Firm/Company
18205 BISCAYNE BWD., S-2202
AVENTURA TO 33160 City/State and Zip/Code DHAUBERSTEIN @ TRIARCH CAP. COM E-mail address: (to be used for future annual report notification)
DHAUBERGTEIN @ TRIARCH CAP. CON E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (205) 799-7679 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\sum \text{S30.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)} \$\sum \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$

TO:

Registration Section

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iability Company as it now appears on our records.) lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 4/6/2017Florida document number <u>L170000 76587</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: ENTURA Florida 33160

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
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			☐ Change
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If an effec Note: If	ve date, if other than the date of filing:	.0207 (ed as ti
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Dated _	OCTOBER 25 2023,	
	Signapare of a member or apthorized epresentative of a member	
	Signature of a-mercher of anthorited tepresentative of a member	

Filing Fee: \$25.00