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(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Buşi	ness Entity Nar	me)
(Doci	ument Number)	
Certified Copies		
Special Instructions to Fi	ling Officer:	





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COVER LETTER

יוע	ision of Cor	porations		
CHO IECT.	MTM FIRS	TLLC		
SUBJECT:		Name of Limit		
The encloses	d Articles of	Amendment and fee(s) are subm	nitted for filing.	
			·	
riease returi	n an correspo	ndence concerning this matter to	o the following.	
		Jeffrey Roy Cohen, Esq.		
			Name of Person	
		 	Firm/Company	
		1701 NE 164 Street, Ste. 30	3	
			Address	
		North Miami Beach, FL 331	162	
		xjrcohen@aol.com	City/State and Zip Code	
		E-mail address: (to	be used for future annual report notifi	ication)
For further i	nformation c	oncerning this matter, please cal	II:	
Jeffrey Roy	Cohen		305 940-1985 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 1	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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MTM FIRST LLC	
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{6/27/2017}{}$ and as:
Florida document number L17000139691	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
SILVER FOX VENTURES LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ty Company," the designation "LLC" or the abbreviation "L.
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)	13.9SEF
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of
registered agent and/or the new registered office address here	ي. ب
Name of New Registered Agent:	
New Registered Office Address:	Enter Floridu street address
 	, Florida
	2.0 Cae

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Туре (</u>
			□ Rei
			□ Cha
			Ada
			Ren
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			Remo
			Chang
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			☐ Change
			Add
			□ Remov
			Change
			Add
			□ Remove
			Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earline 90th day after the record is filed.
Date	ed Sept. 12
	Signature of a member or authorized representative of a member
	Jeffrey Roy Cohen, attorney in fact

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Filing Fee: \$25.00