

LIB 000138756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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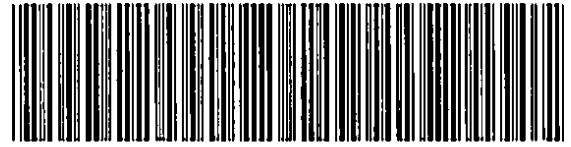
(Business Entity Name)

(Document Number)

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2018 JUL -5 A 10:45

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2018 JUL -5 A 10:45

06/18/20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2018

MANISOL C SUAREZ  
3923 PINE GATE TRL  
ORLANDO, FL 32824

SUBJECT: SILVER ROOSTER LLC  
Ref. Number: L18000138756

We have received your document for SILVER ROOSTER LLC and your check(s), totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 818A00013073

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2018 JUL -5 PM 12:11

CLERK OF COURT  
DIVISION OF CORP.  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Silver Rooster 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:

Manisol C. Suarez  
Name of Person

Silver Rooster LLC  
Firm/Company

3913 Pine Gate Trail  
Address

Orlando FL 32824  
City/State and Zip Code

manisolsuarez@gmail.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Manisol C. Suarez at (407) 8185719  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

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

Silver Rooster 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 05/31/2018 and assigned Florida document number L18000138756.

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:

*Enter Florida street address*

*City*

**Florida**

*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

| Title | Name         | Address                                    | Type of Action                          |
|-------|--------------|--|---|
| MGR   | OberTis Leal | 3423 Pine Gate Trail, Orlando<br>FL, 32824 | <input checked="" type="checkbox"/> Add |
|       |              |  | <input type="checkbox"/> Remove         |
|       |              |  | <input type="checkbox"/> Change         |
|       |              |  | <input type="checkbox"/> Add            |
|       |              |  | <input type="checkbox"/> Remove         |
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|       |              |  | <input type="checkbox"/> Remove         |
|       |              |  | <input type="checkbox"/> Change         |

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[illegible]

**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.

Dated Julio 02, 2018

Signature of a member

Signature of a member or authorized representative of a member

Manisol C. Suarez

Typed or printed name of signee