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July 2, 2020

STEVEN KEISER 1245 BELMONT CIR TAVARES, FL 32778

SUBJECT: IMPROVE IT FORWARD LLC

Ref. Number: L18000170696

We have received your document for IMPROVE IT FORWARD LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Letter Number: 620A00013000

Rebekah White Regulatory Specialist II Supervisor

## **COVER LETTER**

TO:

	ration Sec n of Corp					
lm		orward LLC				
SUBJECT:			ited Liability Company			
The enclosed Ar	ticles of A	mendment and fowle) are cub	mitted for filing			
			-			
		Steven Keiser				
			Name of Person			
		Improve It Forward LLC				
			Firm/Company	· · · · · · · · · · · · · · · · · · ·		
		1245 Belmont Circle				
		Name of Limited Liability Company  mendment and fee(s) are submitted for filing.  lence concerning this matter to the following:  Steven Keiser  Name of Person  Improve It Forward LLC  Firm/Company  1245 Belmont Circle  Address  Tavares FI 32778  City/State and Zip Code  silversunwin@gmail.com  E-mail address: (to be used for future annual report notification)  cerning this matter, please call:  at (10 ) 349-0348  Area Code Daytime Telephone Number				
		Tavares Fl 32778				
		<del></del>	City/State and Zip Code			
		silversunwin@gmail.com				
		E-mail address: (	to be used for future annual report not	ification)		
For further infor	mation co	ncerning this matter, please ca	all:			
Steven Keiser			_			
	Name of	Person		ne Telephone Number		
Enclosed is a che	eck for the	following amount:				
□ \$25.00 Filin	g Fee		Certified Copy	Certificate of Status & Certified Copy		
	Address:		Street Address:	ation		
	ration Se on of Co	rporations	Registration Section Division of Corporations			
	ox 6327		The Centre of T	-		
Tallah	assee, Fl	L 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Improve It Forward 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 7/19/18 and assigned

Florida document number 118/000170696

This amendment is submitted to amend the following:

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

Silversun Group 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: 1245 Belmont Circle

Tavares FI 32778

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 add	ress
	,1	Florida
•	City	Zip Code

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

(Mailing address MAY BE A POST OFFICE BOX)

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 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	٠
AMBR =	Authorized Member	

Title	<u>Name</u>	Address	Type of Action
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Effective date, if on the life of the life	isted, the date must be serted in this block	e specific and ca c does not mee	nnot be prior at the applica	to date of filing	or more than 9	(option 0 days after fil ments, this d	ing.) Pursuant to	605.0207 ( listed as t
e record specifies a order to the cord specifies a order.	delayed effective d	ate, but not ar	ı effective tii	ne, at 12:01 a	a.m. on the ea	rlier of: (b)	The 90th day a	after the
June 9th		·	2020	<del></del> ·				
		_lt	7/1	12	···			-
		lt	Signature of a member	or sufficience represen	native of a member	<del></del>		-