L19000008701

| (Requestor's Name) | |
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| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | |
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PARTIO AND SEC

COVER LETTER

| | Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. etturn all correspondence concerning this matter to the following: Diane Rogge Name of Person Silver Moon Lilla LLC Firm/Company 163 Hercules Dr Address Fort Myers Beach, FL 33931 | | | | | | |
|---|---|---|--|--|--|--|--|
| SUBJEC | Silver Moor | n Villa, LLC | | | | | |
| | · · · | Name of Lim | ited Liability Company | | | | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Picase ret | turn all correspo | ndence concerning this matter | to the following: | | | | |
| | | Diane Rogge | | | | | |
| | | | Name of Person | · | | | |
| | | Silver 1 | | LC | | | |
| | | 163 Hercules Dr | | _ | | | |
| | | | Address | | | | |
| | | Fort Myers Beach, FL 339 | 31 | | | | |
| | | | City/State and Zip Code | | | | |
| | | drogge@cherryhillfab.com | to be used for future annual report notil | ····· | | | |
| For furth | er information o | oncerning this matter, please o | | acations | | | |
| | F. Kayusa, Esq. | · | 239 334-8200 | | | | |
| Name of Person | | | at (| e Telephone Number | | | |
| Enclosed | is a check for th | ne following amount: | | | | | |
| ≅ \$2 5.0 | 00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| | Mailing Addres | | Street Address: | ction | | | |
| Registration Section Division of Corporations | | | Registration Section Division of Corporations | | | | |
| | P.O. Box 632 | | The Centre of Tallahassee | | | | |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limites | 3 Liability Compa A Florida Limited I | ny as it now appears on o liability Company) | ar tecorde) | | |
|---|--|---|--------------------------|---------------|-----------------|
| he Articles of Organization for this Limited Lia lorida document number L19000008701 | 019 | and assigned | | | |
| his amendment is submitted to amend the follow | | , | 2823 | | |
| L If amending name, enter the new name of | | | <u></u> - | | |
| N/A | - | | | · . | 1 AYH 8383 |
| he new name must be distinguishable and contain the wo | nds "Limited Liabi | lity Company," the designa | tion "LLC" or the abl | breviation "L | L.C.*~ |
| Enter new principal offices address, if applica | ble: | N/A | | | <u>::</u> بب |
| Principal office address MUST BE A STREET | ADDRESS) | | | | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I | <u>80X)</u> | N/A | | | |
| B. If amending the registered agent and/or re agent and/or the new registered office address | gistered office s here: | address on our record | is, <u>coter the nam</u> | e of the ner | v regist |
| Name of New Registered Agent: | e of New Registered Agent: Michael F. Kayusa, Esq. | | | | |
| New Registered Office Address: | 2077 First Stre | er, Suite 201 | | | |
| new neglacion office regulation. | Enter Florida street address | | | | |
| | Fort Myers | | Florida 33 | 901 | |
| | | City | <u> </u> | Zip Code | |

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

Silver Moon Villa, LLC

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.

Changing Registered Agept, 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 Type of Action <u>Address</u> Title Name _ ∐Add ____ □Remove __ ____ DChange _____ □Add _____ □Remove _____ Change _____ □Add 17 □'A'dd $\frac{1}{3}$ ⊡Remove ⊄⊡Change _ 🗆 Add _____ □Remove _ □Change □Add ___ □Remove

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| ffective date, if other than the an effective date is listed, the date mu ote: If the date inserted in this be becument's effective date on the D | it be specific and cannot be ock does not meet the a | prior to date of filing pplicable statutory | g or more than 90 days. | after filing.) Pursuant to | 605.020 listed a |
| record specifies a delayed effective is filed. | e date, but not an effect | ive time, at 12:01 | a.m. on the earlier o | f: (b) The 90th day a | after the |
| ated | , 2019 | · | | | |
| | u Roga | | tative of a member | | |

Filing Fee: \$25.00