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## **COVER LETTER**

	tion Section of Corporations		
	E MARKETING, LLC	•	
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are subm	itted for filing.	
Please return all co	orrespondence concerning this matter to	the following:	
	Paul Silverberg		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	MZJE MARKETING, LLC		
		Name of Person  ETING, LLC  Firm/Company  Road, S: 183  Address  326  City/State and Zip Code ngx.com nail address: (to be used for future annual report notification)  ter, please call:  954 256-5657 at (	
	4474 Weston Road, St 183		
		Address	
	Weston, FL 33326		
	<del> </del>	City/State and Zip Code	
	paul@silverliningx.com	ha wand for fining annual laborat was	Sacrian)
For further informs	ation concerning this matter, please call	•	neation)
Paul Silverberg	ation concorning this matter, prease can		
	Nome of Person	at (	c Tolenhous Number
	SMAL OF COMM	Alea Civile Dayiiii	e receptione (variable)
Enclosed is a check	k for the following amount:		
■ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Divisior P.O. Bo	ntion Section n of Corporations	Registration Sec Division of Cor The Centre of T	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MZJE MARKETING, LLC	
( <u>Name of the Limited Liabili</u> (A Florid:	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on 06/06/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
Silver Lining X, LLC	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
<u>Principal office address MUST BE A STREET ADDI</u>	RESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Change
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fective date is listed, the	e date must be specific at in this block does not	nd cannot be prior to o	late of filing or more	than 90 days after fili	ng.) Pursuant to 605.020
nent's effective date	on the Department of	State's records.	statutory ming re	quirements, this da	ne win not be usied a
rd specifies a delave	d effective date, but no	ot an effective time	at 12:01 a.m. on :	the earlier of: (h)	The 90th day after the
îled.	a circuit date, but no	or an effective time	, at i a.o. i a.iii. oii	ne carner or. (b)	The 70th day after the
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