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COVER LETTER

Division of Con	rporations		
	ngs Development Company Ll	.c	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Barbara H. Luikart		
		Name of Person	
	Anthony & Partners, LLC		
		Firm/Company	····
	201 N. Franklin Street, Su	ite 2800	
	·	Address	
	Tampa, FL 33602		
		City/State and Zip Code	
,	BLuikart@anthonyandparts	ners.com to be used for future annual report noti	7.7.\
For further information of	concerning this matter, please c	•	neation)
Barbara H. Luikart		813 273-5616	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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 Tallahassee, FL 32314

Registration Section

TO:

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

(Name of the Limite	d Linbility Compa A Florida Limited I	ny as it now appears on our re- Liability Company)	cords.)			
The Articles of Organization for this Limited Lia Florida document number L19000155930	ability Company	were filed on 6/12/2019		ar	nd assign	ed
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and contain the wo	ords "Limited Liabil	lity Company," the designation "	LLC" or th	e abbreviati	on "L.L.C	."
Enter new principal offices address, if applica	2656 West Lake Road					
(Principal office address MUST BE A STREET	T ADDRESS)	Palm Harbor, FL 34684				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2656 West Lake Road Palm Harbor, FL 34684		TALLATAS		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered of	_		ords, <u>ent</u>	er the n	Phame of	the n
Name of New Registered Agent:	Barbara H. Lui	kart				
New Registered Office Address:	201 N. Franklir	n Street, Suite 2800				
	•	Enter Florida street ac	idress			
	Tampa		, Florida	33602		
		City	-	Zip	Code	

Silver Springs Development Company LLC

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with to 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.

by Registered Agent, Signature of New Registered Agent

Russacet. Loikant

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	
			□ Remove
			Change
			☐ Change
			□ Remove
			Change
			□ Add
			☐ Change
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Note: If t	late, if other than the e date is listed, the date must be date inserted in this bloss effective date on the De	ock does not m	eet the applica	able statutory fi	more than 90 da	(optional) ys after filing.) Purs its, this date will	suant to 605.02 not be listed
he recor The 90	specifies a delayed th day after the reco	effective don't is filed.	ate, but no	t an effectiv	e time, at 12	2:01 a.m. on t	he earlier
	8/16/19						
Datad				•			
Dated			(
Dated			(mai	Yau			
Dated		Signature of a n	nember or author	May ofized representa	ive of a member		

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Filing Fee: \$25.00