## L19000160603

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## COVER LETTER

Registration Sec Division of Corp			
л:05	shy Silver Name of Limi	<u>tnvestments</u>	L'LC
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osed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
eturn all correspon	dence concerning this matter	to the following:	
	Robert	Name of Person	<u>.</u>
	Oshy Silv	ler tovestmen	ts LLC
	6998 N.	US Hwy 27, S	Ste 114
	<u>Ocala</u>	FL 34482 City/State and Zip Code	
	E-mail address: (1	OCAJANOYSE D	roperties.com
rther information co	ncerning this matter, please ca	ill:	
Robert Name of	Desino	at (362)b15 Area Code Daytim	e Telephone Number
ised is a check for the	e following amount:		
i25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration So	ection	<u>Street Address:</u> Registration Se	
Division of Co P.O. Box 6327	•	Division of Cor The Centre of T	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L.	Company as it now appears on our records.) imited Liability Company)
icles of Organization for this Limited Liability Cordocument number <u>L19000160603</u>	
nendment is submitted to amend the following:	
mending name, enter the new name of the limite	d liability company here:
name must be distinguishable and contain the words "Limite new principal offices address, if applicable: ipal office address MUST BE A STREET ADDRE.	6998 N. US Hwy 27, Stelly  SS) Ocala FL 34482
new mailing address, if applicable:  ng address MAY BE A POST OFFICE BOX)	6998 N US Hwy 27, St. 114 Ocala, FL 34482
amending the registered agent and/or registered of and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:	Robert Desino 998 N US HWY 27, Ste 114 Enter Florida stren address  9 Cala Florida 34482
Registered Agent's Signature, if changing Registered A	City Zip Code Agent:
sions of all statutes relative to the proper and com of the obligations of my position as registered age.	nd agree to act in this capacity. I further agree comply with the applete performance of my duties, and I am familiar with and at as provided for in Chapter 605, F.S. Or if this document is office address. I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

Jing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added yed from our records:

Manager

= Authorized Member

	Name	Address	Type of Action
<u>Z</u>	Lisa Rogers	16251 SE 27th Place Ro Ocklawaha, FL 32179	□Add
		Ocklawaha, the 32119	_ iXRemove
			□Change
<u>'</u> R	Robert Desino	6998 N US Hwy 27, Stally Ocala FL 34482	L DAdd
			□Remove
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