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PICK-UP	☐ WAIT	MAIL
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	Registration S Division of Co			
SHR IF <i>C</i>	Helios Art	is. LLC		
301212		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The encl	osed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Maurice Desir		
			Name of Person	
		Helios Arts, LLC		
			Firm/Company	
		8619 Key Biscayne Dr. Ap	ot. 104	
			Address	
		Tampa, FI 33614		
		 	City/State and Zip Code	<u> </u>
		heliosarts13@yahoo.com	to be used for future annual report n	otification)
r et-	:- 			ouncation)
		concerning this matter, please concerning	aii:	
Maurice	Desir		786 859-4692 at ()	
•	Name	of Person	Area Code Days	time Telephone Number
Enclosed	is a check for t	the following amount:		
□ \$25.0	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 Addre	ess:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

Helios Arts, LLC

2020 (125 Millo: 12

(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 December 11, 2019	and ass
Florida document number 1.19000302478		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Silveree, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.
Enter new principal offices address, if applicable:	100 S. Ashley Drive, Suite 600	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, Florida, 33602, United S	States of America
Enter new mailing address, if applicable:	8619 Key Biscayne Dr Apt, 104	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33614	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabilic company has been notified in writing of this change.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of
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. Ir amending any other infor	mation, enter change(s) nere: (Attach adaitional sheets, if necessary.)
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. Effective date, if other than a (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	the date of filing:
the record specifies a delayed effectord is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
June 21 Dated	2020
	Jamira Deni
	Signature of a member or authorized representative of a member
Maurice Desir	
	Typed or printed name of signee