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SECRETARY OF JIAIE

APR 27 2020

Div	ision of Corp	orations			
CUDUCT.	Change Nam	ne of LLC			
SUBJECT:		Name of Limi	ted Liability Company		
The encloses	l Articlas of A	mendment and fee(s) are subr	nitted for filing		
			_		
Please return	all correspon	dence concerning this matter t	o the following:		
		Kristie A Scott, Esq			
			Name of Person	<u> </u>	
		Light Path Law, P.A.			
			Firm/Company		····
		3620 Colonial Blvd., #130			
			Address		
		Fort Myers, FL 33966			
			City/State and Zip Code		
		kscott@lightpathlaw.com			
For further in	formation co	ncerning this matter, please ca	be used for future annual	report notification))
Kristie A. Sc	ott, Esq.		239 68	9-8481	
	Name of I	Durvan	at ()	Daytime Teleph	- Niverk
	(value of)	Cison	Area Code	Daytime Telepi	none Number
Enclosed is a	check for the	following amount:			
□ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is end		\$60.00 Filing Fee, Certificate of Status & Certified Copy
		(arready forwarded) EHS-			(additional copy is enclosed)
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Tallahassee, FL 32303

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Registration Section

TO:

TO ARTICLES OF ORGANIZATION OF

Silver Palm Management, LLC

company has been notified in writing of this change.

(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 1/21/2020 and assigned Florida document number 1.200000027574 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Silver Palms Management & Consulting, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _ City 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

If Changing Registered Agent, Signature of New Registered Agent

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MGR = Manager AMBR = Authorized Member

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