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Amend

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COVER LETTER

	Registration Se Division of Cor					
eun tez		WALKER SILENCERS, LLC	.	• 3	•	
SUBJEC	.I:	Name of Lim	ited Liability Company	<u>. </u>	····	
The enck	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Pablo Arzola				
			Name of Person			
		Shadow Walker Silence	rs, LLC			
			Firm/Company			
		3311 SW 117CT				
			Address			
		MIAMI, FL 33175				
		eric@shadowwalkersilen				
			to be used for future annu-	al report notific	cation)	
For furth	er information c	oncerning this matter, please of	all:			
Eric Rib	е		305 9 at ()	26-9382		
	Name o	f Person	Area Code	Daytime '	Felephone Number	
Enclosed	is a check for the	he following amount:				
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres			Address:		
Registration Section Division of Corporations			Registration Section			
	P.O. Box 632		Division of Corporations The Centre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHADOW WALKER SILENCERS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

(A Florida Limited	Liability Company)	2.
The Articles of Organization for this Limited Liability Company	were filed on 04/07/2020	and assigned
Florida document number L20000097979		and assigned
This amendment is submitted to amend the following:		<i>\$</i>
A. If amending name, enter the new name of the limited liab	oility company here:	÷
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8000 NW 240 ST	
(Principal office address MUST BE A STREET ADDRESS)	Okeechobee, FL 34972	2
Enter new mailing address, if applicable:	3311 SW 117 CT	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33175	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>c</u>	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street e	address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity performance of my dution provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Odor Zambrano	1900 McKinney Ave Apt 2311 Dallas, TX 75201	= Add
			□Remove
			□Change
AMBR	Gerrardo Parra	8000 NW 240 ST, Okeechobee, FL 34972	= Add
			□Remove
			□Change
AMBR	Marco Scutaro		🗆 Add
			□Remove
		9465 NW 54 Doral Ter, Doral, FL 33178	= Change
CEO	Pablo Arzola		□Add
			□Remove
		3311 SW 117 Ct, Miami, FL 33175	
AMBR	Christopher D. Santangelo	 	□Add
			□Remove
		1106 SW 7 ST, Okeechobee, FL 34974	Change
			□Add
			□Remove
			Change

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Tective date, if other than the d an effective date is listed, the date must bote: If the date inserted in this blockocument's effective date on the Department.	ck does not meet the	applicable statu	filing or more than 9 tory filing require	(optional) 0 days after filing, ments, this date) Pursuant to 605.0 will not be listed
record specifies a delayed effective his filed.	date, but not an effe	ctive time, at 12	:01 a.m. on the ea	rlier of: (b) Th	e 90th day after
ated	2020)			
	·\~~~				
	ignature of a member	or authorized rep	esentative of a men	iber	

Filing Fee: \$25.00