

4/13/2021

Division of Corporations

42000186567

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617 6383

From:
Account Name : INCORP SERVICES INC
Account Number : 1201260000037
Phone : (702) 866-2500
Fax Number : (702) 355 2689

2021 APR 13 PM 12:37

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: documents@incorp.com

21 APR 13 PM 3:56

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SILVERCREEK PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

COVER LETTER

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**TO: Registration Section
Division of Corporations**

SUBJECT: Silvercreek Properties LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Reyes

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy., Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

E mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Reyes on behalf of InCorp Services, Inc. at (**800**) **246-2677 ext. 6806**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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Silvercreek Properties LLC

(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 07/01/2020 and assigned Florida document number L20000186567.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

600 Mason Avenue

(Principal office address MUST BE A STREET ADDRESS)

Daytona Beach, FL 32117

Enter new mailing address, if applicable:

600 Mason Avenue Box 130

(Mailing address MAY BE A POST OFFICE BOX)

Daytona Beach, FL 32117

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: InCorp Services, Inc.

New Registered Office Address: 17888 67th Court North

Enter Florida street address

Loxahatchee

City

Florida 33470

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 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 company has been notified in writing of this change.

Patricia Reyes on behalf of InCorp Services, Inc.

If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

MGR = Manager
 AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Kimberly Hoffmann	710 N. Votech Drive	<input checked="" type="checkbox"/> Add
		Watertown, WI 53098	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Janet Walsh	2801 Ridgewood Avenue	<input type="checkbox"/> Add
		Unit 1010	<input checked="" type="checkbox"/> Remove
		South Daytona Beach, FL 32119	<input type="checkbox"/> Change
AMBR	Mike Walsh	2801 Ridgewood Avenue	<input type="checkbox"/> Add
		Unit 1010	<input checked="" type="checkbox"/> Remove
		South Daytona Beach, FL 32119	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 13, 2021

Handwritten signature of Kimberly Hoffmann over a signature line.

Signature of a member or authorized representative of a member

Kimberly Hoffmann

Typed or printed name of signer

Filing Fee: \$25.00

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