

L20000224904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

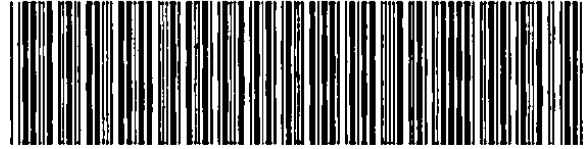
(Business Entity Name)

(Document Number)

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2021 JAN 28 AM 8:56
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Registration Section
Division of Corporations

SILVER PINAPPLE LLC

Name of Limited Liability Company

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

All correspondence concerning this matter to the following:

JACKELINE LONDONO

Name of Person

MORGAN WHITNEY INC

Firm/Company

235 LINCOLN RD SUITE 307

Address

MIAMI BEACH FL 33139

City/State and Zip Code

JLONDONO@MORGANWHITNEY.COM

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

For information concerning this matter, please call:

JACKELINE LONDONO

305

3453738

at ()

Name of Person

Area Code

Daytime Telephone Number

This is a check for the following amount:

\$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 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

TO
ARTICLES OF ORGANIZATION
OF

SILVER PINEAPPLE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 08/04/2020 and assigned document number L2000224904.

Amendment is submitted to amend the following:

Proposed name, enter the new name of the limited liability company here:

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

Proposed principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

Proposed mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

When changing 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 Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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.

If Changing Registered Agent, Signature of New Registered Agent

2020 JAN 28 AM 10:56

Manager
Authorized Member

[illegible]

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

ive date, if other than the date of filing: _____ (optional)

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 (a)(2)

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

d 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 effective date.

JANUARY 19

2021

Signature of a member or authorized representative of a memoe:

ADA M BRICENO BASTIDAS

Typed or printed name of signee