## L2000027384Z

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## **COVER LETTER**

	Registration S Division of Co				
SUBJEC		k Investors, LLC			
SOBJEC		Name of Lir	mited Liability Company		
The enclo	osed Articles of	`Amendment and fee(s) are sui	bmitted for filing.		
Please rea	turn all correspo	ondence concerning this matter	r to the following:		
		Lindsay Hildebrad			
			Name of Person		
		KKOS Lawyers			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		
		1883 W. Royal Hunte Dr.	, Ste. 200		
			Address		
		Cedar City, UT 84720			
	City/State and Zip Code				
		Lhildebrand@kkoslawyers			
		E-mail address: (	(to be used for future annual report notification)		
For further	r information c	oncerning this matter, please o	all:		
Lindsay I	lildebrand		435 586-9366 ext. 2035		
	Name o	f Person	at () Area Code Daytime Telephone Number		
Enclosed	is a check for th	ne following amount:			
<b>≡</b> \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
F	Jailing Addres Registration S	Section	Street Address: Registration Section		
	Division of C P.O. Box 632		Division of Corporations		
	Tallahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Silver Peak Investors, 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 September 2, 2020 Florida document number L20000273842 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: (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:

## 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.

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Charles N. Villa	3901 NW 79th Ave., Ste. 245 # 2214	□Add
		Miami, FL 33166	
			■ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
	<del></del>		□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□ Change

Effect If an ef	ive date, if other than the date of filing:
vore:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docun	ent's effective date on the Department of State's records.
e reco	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
rd is fi	led.
Dated	October 12 2020
	Signature of a member or authorized representative of a member
	Charles N. Villa Typed or printed name of signee

Filing Fee: \$25.00