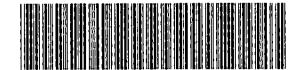
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## Sunshine State Corporate Compliance Company

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3458 Lakeshore Drive, Tallahassee, Florida 32312 : (850) 656-4724

DATE 6/9/2021		**WALK IN**
ENTITY NAME SILVER	COAST VENTURES LLC	
DOCUMENT NUMBER		
	**PLEASE FILE THE ATTACHED AND RETURN**	
xxxx	Plain Copy	**WALK IV
	Certified Copy	
	Certificate of Status	
	Certified Copy of Arts & Amendments Certificate of Good Standing	**************************************
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATION	DN	_
NUMBER OF CERTIFICATI	ES REQUESTED	_
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	. to 1/ 15 1
Please call Tina at the	c above number for any issues or concerns. Thank you so n	nuch!

## **COVER LETTER**

ection rporations			
st Ventures LLC			
Name of Lin	nited Liability Company		
Amendment and fee(s) are sub	omitted for filing.		
ondence concerning this matter	to the following:		
Megan Fuentes			
·	Name of Person		
ZenBusiness Inc			
	Firm/Company		
5511 Parkerest Dr Suite 20	)7		
+	Address		
Austin, Texas, 78731			
	City/State and Zip Code	<del></del>	
		atification)	
concerning this matter, please c	all:		
	844 493-6249		
of Person	Arca Code Dayti	me Telephone Number	
he following amount:			
☐ \$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)	
	Street Address: Registration S	ection	
Corporations	Division of Co	Division of Corporations	
	The Centre of	Tallahassee oe Street, Suite 810	
	Austin, Texas, 78731  fulfillment@zenbusiness.co  E-mail address: 0  concerning this matter.  ### Some of Lin  Name of Lin	Name of Limited Liability Company  TAmendment and fee(s) are submitted for filing.  Sondence concerning this matter to the following:  Megan Fuentes  Name of Person  ZenBusiness Inc  Firm/Company  5511 Parkerest Dr Suite 207  Address  Austin, Texas, 78731  City/State and Zip Code fulfillment@zenbusiness.com  E-mail address: (to be used for future annual report no concerning this matter, please call:  2844  31 (2007)  Area Code  Dayti  he following amount:  S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate Copy (additional copy is enclosed)  See:  Section  Corporations  Division of Corporations	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Silver Coast Ventures LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our reco d Liability Company)	ords.)
the Articles of Organization for this Limited Liability Compar	ny were filed on 09/21/2020	and assigned
lorida document number L20000296857		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		202
		ارم <u>الحجن الرو</u> ما الماسا
inter new mailing address, if applicable:		9 y
Mailing address MAY BE A POST OFFICE BOX)		1
		70.71
		∵. <b>८</b> 1
. If amending the registered agent and/or registered offic gent and/or the new registered office address here:	e address on our records, <u>ent</u>	er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	City	Florida

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

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
AMBR	Alexander Viergutz	2630 W Broward Blvd	DAdd
		Ste 203 #750	■Remove
		Ft Lauderdale, FL 33312	Echanica S
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ective date, if other than th	ie date of filing:		(optio	ıal)
effective date is listed, the date meeter. If the date inserted in this	ast be specific and cannot be p block does not meet the ap	prior to date of filing o plicable statutory fi	r more than 90 days after filling requirements, this	lling.) Pursuant to 605.020 date will not be listed a
ument's effective date on the	Department of State's reco	ords.		
cord specifies a delayed effect s filed.	ive date, but not an effective	ve time, at 12:01 alr	n. on the earlier of: (b)	The 90th day after the
I 9	2021			
June 8	. 2021	·		
ed				
ed/s/ Marina N. Vie				
		authorized representat	ive of a member	···

Filing Fee: \$25.00