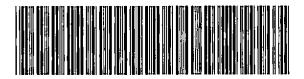
## k20000300683

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO:

Registration Section

Division of Corporations

Silverstar I	andscape, U.C.					
SUBJECT:  Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	imitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Cody Hunt					
		Name of Person				
	SilverStar Landscape, LLC					
		Firm/Company				
	4714 SW 138TH Lane					
		Address				
	Ocafa, Fforida, 34473,					
	-	City/State and Zip Code				
	Silverstarlandscape1@gmai	il.com to be used for future annual report not	(fratian)			
For further information o	oncerning this matter, please c		(Meanwr)			
Cody Hunt	•	321 446-5358				
Name e	f Person	at () Area Code Daytim	re Telephone Number			
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632 Tallahassee,	Section Corporations 17	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations			

Tallahassee, FL 32303

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

Silverstar Landscape, LLC.		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our rec Liability Company)	<u>ords.</u> )
The Articles of Organization for this Limited Liability Company Florida document number 1.20000300683	were filed on September 23,	2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	nility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "I	A.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MIJST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2071 F. F. B.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u> t	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street add	iress
		Florida
	Cuy	Zip Çode
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

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

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Roger Hunt	10960 110th Terrace	
		Live Oak, Florida. 32060	□Remove
		<del></del>	☐ Change
MGR Stacie Hunt		10960-110th Terrace	<b>■</b> Add
		Live Oak, Florida, 32060	∐Remove
			Change
	<del></del>		
			□Remove
			Change
			🗀 Add
			□ Псиноус
			□Add
			□Remove
			□Change
			CAdd
			□Remove
			□Change