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(Re	questor's Name)	
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## **COVER LETTER**

Division of Cor	porations				
SUBJECT:	Silver Lir	ning ACTES, Li	LC		
	Name of Line	пец гланич Сопрану			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Taim	, Gonzaler Name of Person			
		Name of Person			
	Silve	r Lining Acra	es, LLC		
		Firm/Company	<del></del>		
	317	0 7th Ave S	$\sim$		
	<del></del>	Address			
	Nap	Oles, $FI$ 3411 City/State and Zip Code	7		
		City/State and Zip Code	<del></del>		
	taim	1 1773 @ gmail.	COM	. 20	
	E-mail address: 0	to be used for future sumual report not	fication)	121 S	- <del>-</del>
For further information c	oncerning this matter, please ca	all:	<u> </u>	· .	1.01 - 1=4
Taimi	Gonzalez	all:  at ( 239 ) 25  Area Code Daytim	3-0767	· •	.71
Name o	f Person	Area Code Daytin	e Telephone Number	- PH	
			74	7 2	
Enclosed is a check for the	ne following amount:		t.	r, U	
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of Society Certified Copy (additional copy is	Status &	

Mailing Address:

Registration Section

TO:

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

	Lining Acres	1
(Name of the Limited Liability (A Florida	y Company as thow appears on our re Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co- Florida document number <u>L 21000 219 753</u>		11, 30 21 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	<u>ESS)</u>	
		2021 SEP
Enter new mailing address, if applicable:		77.79
(Mailing address MAY BE A POST OFFICE BOX)		C 10 0
		25 PAIR 25
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>ei</u>	<u>iter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		. Florida
	City	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.

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
MGR	Taimi Gonzalez	3770 7th Avesw	🗹 Add
		Naples F134117	∃Remove
			Change
<u>AMB</u> R	Damian Gonzalez	3770 7th AVESW Naples, F1 34117	□Add
		Naples, F1 34117	□Remove
			EChange
			□Add
		TALLA	2Remove
			→ → Nadd → T
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ffective	date, if oth	er than the c	late of filing	g:	<u></u>		(optional)		
an effecti	ive date is listed	f, the date must	he specific and	cannot be pric	r to date of filir	ig or more than 9 y filing require	0 days after filing.) ments, this date	Pursuant t will not be	o 605.020 : listed a
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			Signature of a r	nember or aut	herfized represe	ntative of a mem	ber		