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COVER LETTER

	egistration Se ivision of Cor			
CUBICCI		of Central Florida, LLC		
SUBJECT	·	Name of Lim	nited Liability Company	_
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ırıı all correspo	ndence concerning this matter	to the following:	
		Jeffrey Pantoja		
		-	Name of Person	
		Silver Labs of Central Flor	rida, LLC	
			Firm/Company	
		14875 Hawksmoor Run Ci	ir	
			Address	
		Orlando, FL 32828		
			City/State and Zip Code	
		silverlabsofcfl@gmail.com		
For further	information c	rmail address: (oncerning this matter, please c	to be used for future annual report notification)	
Jeffrey Par	ntoja	-	407 496-9446 at ()	
	Name o	f Person	Area Code Daytime Telephone Nu	inber
Enclosed is	s a check for th	ne following amount:		
\$25,00) Fiting Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Certi	00 Filing Fee, ifficate of Status & iffied Copy tional copy is enclosed)
	lailing Addres		Street Address: Registration Section	
	ivision of C		Division of Corporations	
P	O. Box 632	7	The Centre of Tallahassee	. 010
T	'allahassee, l	FL 32314	2415 N. Monroe Street, Sui	te 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 HAY 31 AM 10: 09

Silver Labs of Central Florida, LLC

(Name of the Limited Liability Company as it now appears on our records ALLAHASSEE, FL

The Articles of Organization for this Limited Liability C	Company were filed on May 10, 2022	and assigned
Florida document number L22000219538	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDE	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	da Zip Code
	Ciry	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 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
Т	Brittney Pantoja	14875 Hawksmoor Run Cir	□Add
		Orlando, FL 32828	Remove
			□Change
			□Remove
			
			⊡Add
			□Remove
			Change
			⊡Add
			□Remove
			□ Change
			□ Remove
			Change
			□Add
			□Remove
			□Change

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		SSEE, FU
ffective date, if other than the an effective date is listed, the date mu lote: If the date inserted in this b ocument's effective date on the f	ist be specific and cannot be prior to date of filin lock does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 (y filing requirements, this date will not be listed as t
	re date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
l is filed.		
May 25	2022	
t is filed. ated May 25	Signature of a member or authorized represen	