7/14/23, 12:50 PM

To:

Division of Corporations

# Florida Department of State Division of Corporations Blectronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : 120190000044 Phone : (407)888-3131 Fax Number : (888)453-0509

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

LE PH 1: 16 FERT OF STATE FOORPORATIONS ASSEET ORIDA mail Address: Accountant ataxzoneficon

# LLC AMND/RESTATE/CORRECT OR M/M/G RESIGN SILEN RIVER RUN DEEP LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 07      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help S. ROBERTS

JUL 17 2023

### **COVER LETTER**

| TO: Registration<br>Division of C |   |   |   |
|-----------------------------------|---|---|---|
| SILEN R                           | UVER RUN DEEP LLC                         |   |   |
| JUBICI:                           | Name of Lin                               | nited Liability Company   |   |
| The enclosed Articles             | of Amendment and fee(s) are sub           | omitted for filing.   |   |
| Please return all corres          | pondence concerning this matter           | to the following:   |   |
|                                   | ALAN WILSON                               |   |   |
|                                   | <del> </del>                              | Name of Person  |   |
|                                   |   | Firm/Company  |   |
|                                   | 241 QUAIL CIR                             |   |   |
|                                   | · · · · · · · · · · · · · · · · · · ·     | Address   |   |
|                                   | CASSELBERRY, FL 327                       | 07  |   |
|                                   | ALLAN_TSX@HOTMAII                         |   | er berlande er en   |
| San Carlon in Comment             |   | to be used for future annual report notifi                          | cation)   |
| ror turner intornation            | concerning this matter, please of         | au:   |   |
| ALAN WILSON                       |   | 340 513-4208  |   |
| Name                              | e of Person                               | Area Code Daytime   | Telephone Number  |
| Enclosed is a check for           | the following amount:                     |   |   |
| € \$25.00 Filing Fee              | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Fiting Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addr                      |   | Street Address:   | tian  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Taliahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303

Paget 7 of 9

#### From: Tax Zone

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SILEN RIVER RUN DEEP LLC   |   |  |
|--|---|--|
| ( <u>Name of the Limited Liability Com</u><br>(A Florida Limite  | apany as it now appears un our sed Liability Company).        | ecords.)   |
| The Articles of Organization for this Limited Liability Compa<br>Florida document number L23000111655  | ny were filed on $\frac{03/02/2023}{}$                        | and assigned   |
| This amendment is submitted to amend the following:  |   | ,  |
| A. If amending name, enter the new name of the limited li  | ability company here:   |  |
| SILENT RIVER RUN DEEP LLC  |   |  |
| The new name must be distinguishable and contain the words "Limited Lin  | ability Company," the designation                             | "LLC" or the abbreviation "L.L.C."                               |
| Enter new principal offices address, if applicable:  |   | 207.   |
| (Principal office address MUST BE A STREET ADDRESS)  |   | ·  |
|  | N-11-10/2-11-11   | _ ~*   |
| T  |   | · • • • • • • • • • • • • • • • • • • •                          |
| Enter new mailing address, if applicable:  |   |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | •  |
|  |   | نے   |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:   | ee address on our records, g                                  |  |
|  |   | , Florida  |
|  | Ciny  | , Florida<br>Zip Code  |
| New Registered Agent's Signature, if changing Registered Ager  | nt:   |  |
| I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change. | ete performance of my dutions<br>of provided for in Chapter ( | es, and I am familiar with and 605, F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

Paget 8 of 9

To:

2023-07-14 16:55:36 GMT

## 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> | <u>Address</u> | Type of Action |
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From: Tax Zone

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| ffective date, if other than the  | date of filing:  | (optional)                                     |
| an effective date is listed, the date mus                                 | t be specific and cannot be prior to date of filing or more than                           | 90 days after filing.) Pursuant to 605.0207 (3 |
| vote: If the date inserted in this bit locument's effective date on the D | ock does not meet the applicable statutory filing require<br>epartment of State's records. | ements, this date will not be listed as the    |
|   |  |  |
|   | e date, but not an effective time, at 12:01 a.m. on the e                                  | artier of: (b) The 90th day after the          |
| d is filed.   |  |  |
| JULY 12   | 2023   |  |
| JULY 12<br>Dated  | ·  |  |
|   |  |  |
|   | Elst Low   |  |
| , <u></u>   | Signature of a member or authorized representative of a men                                | nbur   |