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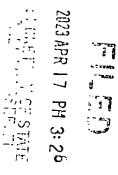
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Y. SCOTT

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Silver & Stines Creations L.L.C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Castronovo Name of Person
Michael Castronovo Name of Person Firm/Company 30122 cheval st Address
Maddog 767 @ Aol - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Castronevo at (352) 552 5349 Name of Person at (352) Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Silver & Sil	Liability Company as it now appears on our Florida Limited Liability Company)	5 L.L.C.
The Articles of Organization for this Limited Liabi Florida document number <u>L23000/562</u>		28/2023 and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of the S; Ver & Stones C. The new name must be distinguishable and contain the words. Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	Creations L.L.C s"Limited Liability Company," the designation e:	2023 APRILLO" or the abbreviation "Lytz@" SECRETIAN PRINTED TO THE SEC
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address h		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
-	City	, Florida 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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document's effective da	ate on the Departr	nent of Sta	ite s records.						
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rd is filed.									
Dated <u>April</u> M	12 ^{+h}	·	2023						

Filing Fee: \$25.00