11/13/23, 2:06 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC Account Number : I20180000086 Phone : (916)576-7000 Fax Number : (800)603-5868

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

| Email | Address: | | | |
|---------|-----------|--|--|--|
| CIUCALA | MUUI CSS. | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SILVER BRANDING GROUP, LLC

| Certificate of Status | 0 |
|-----------------------|--------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | S25.00 |

Electronic Filing Menu Corporate Filing Menu

K Brumbley

. To:.18506176383 From: 19165766966 Date: 12/05/23 Time: 11:13 PM Page: 03/06

TO:

Registration Section

COVER LETTER

| Division | of Corp | porations | | · |
|---------------------|------------|--|--|---|
| SUBJECT: | SII | _VER BRANDING (| GROUP, LLC | |
| SOBJECT. | | | rted Liability Company | |
| The enclosed Arti | icles of a | Amendment and fee(s) are sub | mitted for filing | |
| | | · | _ | |
| Please return all c | orrespoi | ndence concerning this matter | to the following: | |
| | | Vaness | a Calhoun | |
| | | | Name of Person | |
| | | Parasec | | |
| | | | Firm/Company | |
| | | 2804 (| Fateway Oaks Drive #100 | |
| | | | Address | |
| | | Sacrar | nento CA 95833 | |
| | | | City/State and Zip Code | |
| | | rlops(| parasec.com to be used for future annual report n | otification) |
| For further inform | tation co | oncerning this matter, please c | · | , |
| Vanessa | Calhour | 1 | at (800) 854-8534 | |
| | Name of | Person | | ime Telephone Number |
| Enclosed is a chec | ck for the | e following amount: | | |
| [X \$25.00 Filing | Fcc | Cl \$30.00 Filing Fee & Certificate of Status | (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing</u> | | | Street Address: Registration S | Section |
| Registra Divisio | | ection orporations | Division of C | |
| P.O. Bo | | • | The Centre of | • |
| Tallaha | ssee, F | L 32314 | 2415 N. Moni | roe Street, Suite 810 |

Tallahassee, FL 32303

To: 18506176383 From: 19165766966 Date: 12/05/23 Time: 11:13 PM Page: 04/06

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SILVER BRANDING GROUP, LLC

| (<u>Name of the Limited Liability Com</u> (A Florida Limite | i pany as it now appe ed Liability Company | ars on our records.) | | |
|---|---|-----------------------|---------------------|------------------|
| The Articles of Organization for this Limited Liability Compa | ny were filed on _ | 05/02/2023 | and as | signed |
| Florida document number L23000216055 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited li | ability company | here: | | |
| The new name must be distinguishable and contain the words "Limited Lii | ability Company." the | designation "LLC" or | the abbreviation "I | L.C." |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | |
| | | | . | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| | | | | |
| | | | | |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | e address on our | records, enter the | name of the ne | <u>w registe</u> |
| | | | 2023 | |
| Name of New Registered Agent: | | | <u> </u> | <u>)</u> |
| New Registered Office Address: | | | :- [| で記述 |
| TO MARINET STATES (AUGUS). | Enter F | lorida street address | | 1303 |
| | | , Florid | <u>ـــّــ</u> اa | |
| | City | | Zip Çnde | |
| New Registered Agent's Signature, if changing Registered Ager | nt: | | -1 | |

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.

. To: 18506176383 From: 19165766966 Date: 12/05/23 Time: 11:13 PM Page: 05/06

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 |
|--------------|-------------------------------|-------------------------|----------------|
| AMBR | LFG Legacy Founding Group LLC | 8963 Torcello Way | [X] Add |
| | | Boynton Beach. FL 33472 | □Remove |
| | | | ☐ Change |
| Mgr | LAUREN A SILVER | 8963 TORCELLO WAY | □ Add |
| | | BOYNTON BEACH, FL 33472 | NRemove |
| | | | □Change |
| | | | □ Add |
| | | | URemove |
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| D. If amen | ding any other information, enter change(s) here: (Attach additional sheets, if necessary,) |
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| Note: If | e date, if other than the date of filing: |
| If the record record is filed | specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the i. |
| Dated _ | 11/13/2023 |
| | Signature of a member or audit (200) sepresentative of a member |
| | Adrienne Silver |

. To: .18506176383 From: 19165766966 Date: 12/05/23 Time: 11:13 PM Page: 06/06

Filing Fee: \$25.00