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.

(((H23000311198 3)))



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

Enom:

Account Name : TAX CONTROLLER INC

Account Number : I20210000142 Phone : (954) 301-1848 Fax Number : (954)532-9458

<u> </u>	· Easter	the email address for this business entity to be used for	futújre
ä		nual report mailings. Enter only one email address please.*	1.4 C.A
<b>定</b>	7.47E#3	ail Address:	= :
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μ. 	HENT IN	SILVER HAWK REAL ESTATE INVESTMENTS LLC	

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## COVER LETTER

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TO: Registration Se Division of Cor	
silver H	AWK REAL ESTATE INVESTMENTS LLC
SUBJECT:	Name of Limited Liability Company
	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	RENATO COELHO
	Name of Person
	SILVER HAWK REAL ESTATE INVESTMENTS LLC
	Firm/Company
	5625 MAUNA LOA BLVD APT 206
	Address
	SARASOTA, FL 34240
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please call:
RENATÓ COELHÓ	941 786-2168 at ()
Name o	f Person Area Code Daytime Telephone Number
Enclosed is a check for th	ne following amount:
■ \$25.00 Filing For	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee,  Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

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

(((423000311198 3)))

Oloma of the Limited Linkillia, Con-		
(A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 07/12/2023	and assigned
londa gocument number		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here;	
he new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "LLC" or th	c abbreviation "L.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)		<u> </u>
3. If amending the registered agent and/or registered offic	ce address on our records, enter the n	ame of the <u>new register</u>
gent and/or the new registered office address here:	·	5594
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		5
	Enter Florida street address	; <del>-</del> - f
	, Florida	
	City· nt:	Zip Codes

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.

TAX CONTROLLER INC

(((H23000311148 3)))

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	GM REIS INVESTMENTS LLC	8712 BAY MEADOW DR	<b>=</b> Add
		SARASOTA, FL 34238	
		<del></del>	© Change
			bbac
		<del></del>	□Rcmove
			©Change
			□Add
			□ Change
		<del></del>	
			□ Remove
			Change
			<b>DAdd</b>
			□ Rcmove
			□ Change

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ffect	ive date, if other than the date of filing:	(optional) c prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
Vote:	fective date is listed, the date must be specific and cannot be If the date inserted in this block does not meet the a nent's effective date on the Department of State's rec	applicable statutory filing requirements, this date will not be listed as
racor d is fil		tive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated		·
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Typed or printed name of signice