M22000016723

((Requestor's Name)
((Address)
((Address)
((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
. ((Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only

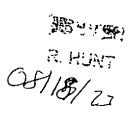


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VOUNOTA THE MATTER.

2023 AUG 18 PM 3: 45

2023 AUG 18 PH 12: LO



CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	:	12000000	195	
REFERENCE	:	943959	8001413	
AUTHORIZATION	:	11	1	
COST LIMIT	: - -	\$ 25700	dena	
ORDER DATE : August 17, 2023				
ORDER TIME : 1:55 PM				2023
ORDER NO. : 943959-010				AUG
CUSTOMER NO: 8001413				8
		·	-	P
FOREIGN F	ILIN	<u>1GS</u>		01:21 Hd
NAME: HEADWATER RESC	OURC	CES LLC		
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX AMENDMENT	Y			
PLEASE RETURN THE FOLLOWING AS	PRC	OF OF FILE	ING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STA	IGNA	ING		
CONTACT PERSON: Eyliena Baker		EXT#		

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Headwater Resources LLC
Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Firm/Company
Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at ()
Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 8Tallahassee, FL 32303
Enclosed is a check for the following amount: □\$25 Filing Fee □\$30 Filing Fee & □\$55 Filing Fee & □\$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status

CR2E055 (9/15)

Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Departmen	t of
State: Headwater Resources LLC	
Enter new principal office 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)	.
MAT BE A POST OFFICE BOX)	202
2. The Florida document number of this limited liability company is: M22000016723	73>
3. Jurisdiction of its organization: Delaware	&
4. Date authorized to do business in Florida: October 28, 2022	PM 12: 40
SECTION II (5-9 complete only the applicable changes)	t0
5. New name of the limited liability company: Silvertip Holdings LLC (must contain "Limited Liability Company,""	
(must contain "Limited Liability Company, ""	L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in copy of the written consent of the managers or managing members adopting the alternate namust contain "Limited Liability Company," "L.L.C." or "LLC.")	Florida and attach a me. The alternate name
6. If amending the registered agent and/or registered officer address on our records, enter the registered agent and/or the new registered office address here:	name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida Street Ac	
	da 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 furth the provisions of all statutes relative to the proper and complete performance of my duties, a and accept the obligations of my position as registered agent as provided for in Chapter 603 document is being filed to merely reflect a change in the registered office address, I hereby a liability company has been notified in writing of this change.	ınd Î am familiar with 5, F.S. Or, if this
If Changing Registered Agent, Signature of N	lew Registered Agent

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
itle/ Capacity	Name	<u>Address</u>	Type of Action	
			DAdd	
			□Remov	
			DAdd	
			☐ Remove 2023 A [] 18 Premove ☐ Add ☐ Remove	
			□Add	
aforementioned	amendment(s), duly authenticated by er the law of which this entity is organ	the official having custody of records in the		
	Signature of i	the authorized representative		
	Matthew Payne, Authorized Pen			

Filing Fee: \$25.00

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "HEADWATER RESOURCES LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SILVERTIP RESOURCES LLC" ON THE TWENTY-FIFTH DAY OF MAY, A.D. 2023, AT 10:12 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

9099 AIIC 18 PH 12: 40



Co Co

Authentication: 203996384 Date: 08-18-23

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SILVERTIP RESOURCES LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SILVERTIP HOLDINGS LLC" ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2023, AT 10:39 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

DIVISION OF CORPORATIONS



Authentication: 203991363

Date: 08-17-23

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