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(Re	equestor's Name)	 		
(Address)				
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)	<u></u>		
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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: SILVEY SA	ddle Estates Inc
DOCUMENT NUMBER: N 93 0000 1 556	2
The enclosed Articles of Amendment and fee are submitted for filing	
Please return all correspondence concerning this matter to the followi	ng:
Suzame Brya	
(Name of Cont	act Person)
· ·	
(Firm/ Cor	mpany)
11720 NW 9th St. Pla	en t
Plantation, FL 3	3325
City/ State and City/ State an	
For further information concerning this matter, please call:	Í
Suzaine Bryan	954-540-2500
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Flo	orida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Certificate of Status Certified Co (Additional cenclosed)	py Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation Name of Corporation as currently filed with the Florida Dept. (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Page 1 of 4

address of each Officer (Attach additional sheets Please note the officer/di P = President; V= Vice I	and/or Director i, if necessary) irector title by the President: T= Tre = Chief Financial	being added: first letter of the office asurer; S= Secretary; Officer. If an officer/a	title: D= Director: TR= Tru	istee: C = Chairman or Clerk: CEO = Chief in one title, list the first letter of each office
	ives the corporati	on, Sally Smith is name		PST and Mike Jones is listed as the V. There the hould be noted as John Doe, PT as a Change
Example: X Change X Remove X Add	PT John I V Mike S SV Sally S	<u>lones</u>		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change Add	ND	Faye C	bolding	Plantitum, FL
Remove 2) Change	<u>SD</u>	Barbar	a Valle	33325 11741,NW9198t
Add Remove			1	71antahm 12 333325
3) Change Add				
Remove			! ! 	
4) Change Add				
Remove				
5) Change				
Add			· -	
6) Change				

__ Add

_ Remove

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after	amendment file date)
Note: If the date inserted in this block does not meet the applicable stated ocument's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the num was/were sufficient for approval.	iber of votes cast for the amendment(s)
There are no members or members entitled to vote on the amendm adopted by the board of directors.	ent(s). The amendment(s) was/were
Dated 9 2019	-
Signature	ind
(By the chairman or vice chairman of the board, have not been selected, by an incorporator – if other court appointed fiduciary by that fiduciary	in the hands of a receiver, trustee, or
Duzanne B	rjon
(1 yped or printed no	ame of person signing)
President	
(Title of	person signing)