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TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Silver, Inc. DOCUMENT NUMBER: P1000099347 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Brian Kopelowitz Name of Contact Person Kopelowitz Ostrow P.A. Firm/ Company 200 SW 1st Avenue, Suite 1200 Fort Lauderdale, Florida 33301 City/ State and Zip Code kopelowitz@kolawyers.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 525-4100

Area Code & Daytime Telephone Number Brian Kopelowitz Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fcc & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Silver, Inc.	
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P1000099347	P. P.
(Document Number of Corporation (if I	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Frits Articles of Incorporation:	Iorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1437 Collins Avenue
(Principal office address MUST BE A STREET ADDRESS)	Unit A
	Miami Beach, FL 33139
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1437 Collins Avenue
	Unit A
	Miami Beach, FL 33139
D. If amending the registered agent and/or registered office address: Name of Name Registered Agent Brian Kopelowitz	
Name of New Registered Agent	
200 SW 1st Ave	
(Florida stre	
New Registered Office Address: Fort Lauderdale (City)	, Florida 33301 (Zip Code)
New Registered Agent's Signature, If changing Registered Agent;	
I hereby accept the appointment as registered agent. I am familiar w	vith and accept the obligations of the position.
Signature of New Registered A	lgent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	2	Nitza Cohen	6107 NW 6th Court
Add			Miami, FL 33127
Remove			
2) Change	Р	Yogev Ben-Shitrit	1437 Collins Avenue
X Add	<u></u>		Unit A
Remove			Miami Beach, FL 33139
3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	•		
Add			
Remove			
6) Change			
Add			
Remove			

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provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassific endment if not co	ation, or cancel ntained in the a	mendment itse	<u>f:</u>
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The date of each amendment(s) a	doption:
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the sharcholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	,11
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated	11-15-12
selecte	director president or other officer if directors or officers have not been ed, by an incorporator if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Nitza Cohen
	(Typed or printed name of person signing)
	President
	(Title of person signing)