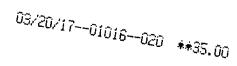
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(Requestor's Name)
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2/23°V

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATI	ION:				
DOCUMENT NUMBER:	:				
The enclosed Articles of A	mendment and fee are su	bmitted for filing.			
Please return all correspond	dence concerning this mat	ter to the following:			
	CORRADO	LA RO	CCA		
		135	ng hic		
, 	320 S		ROAD # 238		
	PEMBROK	Address N E_S	FL 33027		
Larocca and Scapes O amail - Com E-mail address: (to be used for future annual report notification)					
For further information con	ncerning this matter, pleas	e call:			
CORRADO LA Name of Co	A ROCCA	at (<u>305</u>	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	Address ent Section of Corporations	Amenda	Address ment Section n of Corporations		

Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

LA ROCCA LANDS				
	ration as currently fil	ed with the Florida	Dept. of State)	
P11000046				*
(De	ocument Number of Co	rporation (if known)		
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this <i>Flor</i>	rida Profit Corporatio	m adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of th	e corporation:			Silve Silver on
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Torp," "Inc," or "Co"	'. A professional coi	corporated" or the poration name in	ne akhreviation
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A			100	- 10 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)				
D. If amending the registered agent and/or reg new registered agent and/or the new register		in Florida, enter the	name of the	
Name of New Registered Agent			·	
	(Florida street a	address)		
New Registered Office Address:			, Florida	
	(Cit _j	99		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: ent. I am familiar with	and accept the obliga	ations of the posit	ion.
	Signature of New Regi:	stered Agent, if chang	ging	

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.

Mike Jones, V as Remove	e, and Sal	ly Smith, S	SV as an Add.			
Example: X Change	<u>PT</u>	John Do	<u>e</u>			
X Remove	V	Mike Jos	nes			
X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s	_
1) Change	V		HELENA	LAROCCA	320 S. Flamingo Ri	
Add					PEMBROKE PINES FL.3	
Remove					TEMBROKE TINES FL. 3	3322
2) Change		_				
Add			,			
Remove						
3) Change						
Add						
Remove						
4) Change						
Add		_		_		
Remove						
5) Change					•	
Add		_			And the second s	
Remove						
6) Change						
		_	, 113 m 114		***************************************	
Add						

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis and analysis and an analysis analysis and an analysis and an analysis analysis and an analysis
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) add	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after unendment file date)	•
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this artment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendmer icient for approval.	nt(s)
	oved by the shareholders through voting groups. The following state ach voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	lder
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated Mar	ch 12th 2017	
Signature	outs to Pocce	
	ector, president or other officer – if directors or officers have not bee	
•	by an incorporator - if in the hands of a receiver, trustee, or other co	
appointe	d fiduciary by that fiduciary)	
	CORRADO LA ROCCA (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
-	PRESIDENT (Title of person signing)	
	(Title of person signing)	