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FILED NO.

T. LEMEUX



COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: Silver Collectibles, I'M. DOCUMENT NUMBER: P180000 19759				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Silver Collectibles, Onc. Firm/Company 8963 Torcello Way Address Boutton Beach FL 33472 City/State and Zip Code. E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Gray Silver at 954, 464-5256				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Securificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				
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

to articles of Incorporation

Articles of Inco	orporation .
Silver Colle	etibles, Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
(Socialistic) (amost of	Co.po.anon (a mac ma)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	N/A
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Oword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent (Flbrida stee	et address)
(7 to the sign	es audi cody
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	city) (Zip Code) with and accept the obligations of the position 24 egistered Agent, if changing
Signature of New Ki	egisterea Agent, 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 <math>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.

Example: X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>47</u>	Adrienne Silver	8963 Torcello Way
Add			Bayton Beach, th
Remove			33472
2) Change		kauren Silvel	8963 Torcello Way
Add			Boyston Beach
Remove	,5	Shari Silver	339 12
3) Change		Shari Silver	8963 Torcellowy
Add			Boynton Bech, 71
Remove			3517
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	cies, enter change(s) her (Be specific)	$\sim 1/A$	
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If an amendment provides for an exch provisions for implementing the ame	ndment if not contained	in the amendment itself:	
(if not applicable, indicate N/A)		NHA	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after ame	endment file date)
Note: If the date inserted in this block does not meet the applicable statutory fidocument's effective date on the Department of State's records.	iling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of vote by the shareholders was/were sufficient for approval.	s cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groumust be separately provided for each voting group entitled to vote separately of	
"The number of votes cast for the amendment(s) was/were sufficient for a	approval
by	.,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareho action was not required.	older action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder	action and shareholder
Dated Signature	V
(By a director, president or other officer - if directors	
selected, by an incorporator if in the hands of a rece appointed fiduciary by that fiduciary)	eiver, trustee, or other court
Good Silver	
(Typed or printed name of person s	signing)
(Typed or printed name of person s	

(Title of person signing)