420000225754

| (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: |
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TO:

| | Registration Se Division of Cor | | | |
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| SUBJEC | SILVER IN | TERIOR RENOVATIONS L | LC | |
| 300000 | 1. | Name of Lim | ited Liability Company | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please ret | um all correspo | endence concerning this matter | to the following: | |
| | | SILVERIO FERNANDEZ | Z | |
| | | | Name of Person | |
| | | SILVER INTERIOR REN | OVATIONS LLC | |
| | | | Firm/Company | - |
| | | 7511 NORTH CAMERON | NAVE | |
| | | | Address | |
| | | TAMPA FL 33614 | | |
| | | | City/State and Zip Code | |
| | | FERNANDEZSILVERIO1 | _ | |
| | | E-mail address: (| to be used for future annual report noti | fication) |
| For furthe | er information o | oncerning this matter, please c | all: | |
| SILVERIO FERNANDEZ | | | 813 841-1897 | |
| | Name o | f Person | | e Telephone Number |
| Enclosed | is a check for th | ne following amount: | | |
| ₩ \$25.0 | 0 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Addres | | Street Address: | vion. |
| Registration Section Division of Corporations | | | Registration Sec Division of Cor | |
| F | P.O. Box 632 | 7 | The Centre of T | |
| 7 | Γallahassee, Ι | FL 32314 | 2415 N. Monroe | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SILVER INTERIOR RENOVATI | ONS LLC | | |
|---|--|--|------------------------|
| (Name of the Limit | ited Liability Comps (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited L Florida document number L20000225754 | iability Company | were filed on 07/29/2020 | and assigned |
| This amendment is submitted to amend the following | lowing: | | |
| A. If amending name, enter the new name o | of the limited liab | oility company here: | |
| | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | SILVERIO FERNANDEZ | |
| Principal office address MUST BE A STREI | address MUST BE A STREET ADDRESS) 7511 NORTH CAMERON AVE | | |
| - | | TAMPA FL 33614 | |
| Enter new mailing address, if applicable: | | 7511 NORTH CAMERON AVE | 2020 NOV |
| <u>Mailing address MAY BE A POST OFFICE</u> | BOX) | TAMPA FL 33614 | 70 y |
| | | | : 7 [|
| B. If amending the registered agent and/or agent and/or the new registered office addre | registered office : | address on our records, enter the na | me of the new register |
| Name of New Registered Agent: | SILVERIO FE | RNANDEZ | |
| New Registered Office Address: | 7511 NORTH CAMERON AVE | | |
| | | Enter Florida street address | |
| | TAMPA | , Florida | 33614 |

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 further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------|------------------------|------------------|
| MGR | JEOSMEL ARIAS PLANA | 7511 NORTH CAMERON AVE | ≣ Add |
| | Joen J. | TAMPA FL 33614 | □Remove |
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| | | | 10/22/2020 | | | | |
| ective date, if o effective date is li | ther than the date sted, the date must be | e of filing: . specific and ca | nnot be prior to | date of filing or | more than 00 days | optional) | |
| e ir uie date in | seried in this block | uoes not mee | it the applicat | le statutory fil | ng requirement | s anter ming.) Pu s, this date wil | I not be listed |
| ument's effectiv | e date on the Depar | tment of Stat | e's records. | | | | |
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| cord specifies a c s filed. | lelayed effective da | e, but not an | effective tim | e, at 12:01 a.m | on the earlier | of: (b) The 90 | ith day after th |
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| OCTOBER 2 | 22 | | 2020 | \bigcirc | | | |
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| | Sign | 20 20 20 20 | 200 | and separations | e of a member | | |

Filing Fee: \$25.00