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05/23/24--01029--019 **25.00

COVER LETTER

LAR LLC		
Name of Limi	ited Liability Company	_
Amendment and fee(s) are sub-	mitted for filing.	
endence concerning this matter	to the following:	
IVAN MARQUEZ		
	Name of Person	
Name of Person I&M CONSULTING SERVICES INC Firm/Company 1100 BISCAYNE BLVD UNIT 3508 Address MIAMI, FL 33132 City/State and Zip Code IMCORPORATECREATIONS@GMAIL.COM E-mail address: (to be used for future annual report notification) on concerning this matter, please call: at (
· · · · · · · · · · · · · · · · · · ·	Firm/Company	
1100 BISCAYNE BLVD U	JNIT 3508	
	Address	
MIAMI, FL 33132		
<u>-</u>	City/State and Zip Code	
	-	
E-mail address: ()	to be used for future annual report noti	fication)
oncerning this matter, please ca	all:	
f Person	Area Code Daytim	e Telephone Number
he fallowing amount:		
	El ésé no tillian El a Pa	S60.00 Filing Fee.
	Certified Copy	Certificate of Status & Certified Copy (additional copy is enclosed)
-		
	Amendment and fee(s) are substituted and fee(s)	Amendment and fee(s) are submitted for filing. IVAN MARQUEZ Name of Person

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SILVA SOLAR LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records,) Jability Company)	
the Articles of Organization for this Limited Liability Company lorida document number <u>L24000117988</u> .	were filed on03/07/2024	and assigned
his amendment is submitted to amend the following:		
If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabit	lity Company," the designation "I.I.C" o	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office a	address on our records, <u>enter th</u>	re name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street address	<u>.</u>
	Flor	
	City	Zip Code

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 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>	<u>Address</u>	Type of Action
MGR	DIANA CALABRESE SILVA	123 WOODLAKE CIRCLE	= Add
		GREENACRES, FL 33463	□Remove
			mo:
			□ Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
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ctive date, if other than the effective date is listed, the date mu	date of filing:		(optional)	
effective date is listed, the date muse. E: If the date inserted in this bl	st be specific and cannot be prior lock does not meet the applic	to date of filing or more that able statutory filing requ	n 90 days after filing.) Pursuant (irements, this date will not b	o 605,026 e listed a
ument's effective date on the D	epartment of State's records	,		
ord specifies a delayed effectiv filed.	e date, but not an effective ti	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
MAY 20 ed	2024			
.u	·	 /		
	Signature of a member or auth	_/		_

Filing Fee: \$25.00