

607000109899

(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:

Office Use Only



400131191574

06/13/08--01013--023 **25.00

FILED
2008 JUN 13 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUN 16 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE PROVIDENCE COMPANIES, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICH SILVEIRA
(Name of Person)

THE PROVIDENCE COMPANIES, LLC
(Firm/Company)

1221 BRICKELL AVE. SUITE 929
(Address)

MIAMI, FLORIDA 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

RICH SILVEIRA at (206) 571-9621
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2000 JUN 13 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE PROVIDENCE COMPANIES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 30, 2007 and assigned Florida document number L07000109899.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1221 BRICKELL AVE
SUITE 929
MIAMI, FLORIDA 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1221 BRICKELL AVE
SUITE 929
MIAMI, FLORIDA 33131

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

VALERIE SILVEIRA

New Registered Office Address:

121 CRANDON BLVD #156

(Enter Florida street address)

KEY BISCAYNE, Florida 33149

(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 608, 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.

Valerie Silveira
(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

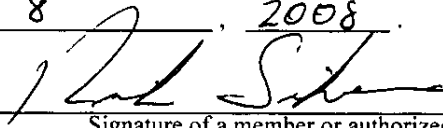
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MANAGER</u>	<u>ANTONIO BUZANELI</u>	<u>310 REDWOOD LANE</u> <u>KEY BISCAYNE, FL 33149</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MANAGER</u>	<u>RICH SILVEIRA</u>	<u>121 CRANDON BLVD</u> <u>#156</u> <u>KEY BISCAYNE FL 33149</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MANAGER</u>	<u>MICHAEL SMITH</u>	<u>155 OCEAN LANE DR</u> <u># 515</u> <u>KEY BISCAYNE FL 33149</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2008 JUN 13 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated June 8, 2008



Signature of a member or authorized representative of a member

RICH SILVEIRA

Typed or printed name of signee