Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000646293)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: SILVAS FINANCIAL SERVICES, L.L.C.

Account Number : I20020000100

: (305)944-9755

Fax Number :

: (888)401-1914

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:_	
-------	-----------	--

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ANJIZ INVESTMENTS L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 0 9 2017

Y SULKER

3

(((H17000064629 3)))

COVER LETTER

TO: Registration Sec Division of Corp	ction porations			
	ESTMENTS L.L.C		\	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon-	ndence concerning this matter	to the following:		
	NATALIA V PISANO			
	N + 1 4 1 2 2 200 2014 NICH SEC	Name of Person		
	ANJIZ INVESTMENTS I	L.C		
		Fime Company		0
	17501 BISCAYNE BLVD			
	,	Address		•
	AVENTURA, FL 33160			
		City/State and Zip Code	entrality of the second	
	ACCOUNTING2@SILVA			
	E-mail address: (to be used for future annual report notif	ication)	
For further information co	oncerning this matter, please co	all:		
NATALIA V PISANO		305 319 0783		
Name of	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne 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 (miditional copy is enclosed)	
•				10

MAILING ADDRESS: Registration Section Division of Corporations P.O. Bux 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

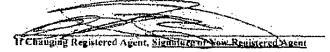
(((H17000064629 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		FMENTS L.L.C				
Same of the Lin	A Florida Limited	any as it now appears of Liability Company)	n our records.)			
The Articles of Organization for this Limited I Florida document number L11000012118	were filed on	01/28/2011	3	ınd assign	ed	
This amendment is submitted to amend the fol	llowing:					
A. If amending name, enter the new name	of the limited liab	oility company here	; :			•
The new name must be distinguishable and contain the	words "Limited-Liabi	lity Company," the desi	gnation "LLC" or the	e abbres in	tion "L.L.C	15
Enter new principal offices address, if applicable:		3001 SOUTH OCI	ean drive, ste	.1147		
(Principal office address MUST BE A STREET ADDRESS)		FIOLEYWOOD, F	T. 33019			
					1	
Enter new mailing address, if applicable:		3001 SOUTH OC	EAN DRIVE, STE	E 1147 ≥	17 HA	1
(Malling address MAY BE A POST OFFICE	BOX)	HOLLYWOOD, F	L 33019	SS		
				ان - لي	₹ ८०	1"
B. If amending the registered agent and registered agent and/or the new registered of	or registered of	Mce address on o	ur records, <u>ent</u>	FL GRIDA	ame.of	the new
Name of New Registered Agent:	SILVAS FINANCIAL SERVICES, L.L.C.					
New Registered Office Address:	5220 S UNIVE	RSITY DRIVE SUIT	TE C-102			
		Enter Florida	street address			
	DAVIE		, Florida	33328		
	•	City		Zio	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.



Page 1 of 3

(((H17000064629 3)))

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

Title	Name	Address	Type of Action
MANAGER	PISANO, NORBERTO FRANCISCO	Av. Rivadavia 4260, Piso 4o	
		Ciudad Autonoma de	□ Remove
		Buenos Aires AR	
MANAGER	PISANO, SEBASTIAN	Av. Rivadavia 4260, Piso 4o	Add
		Ciudad Autonoma de	□ Remove
		Buenos Aires ÅR	□ Change
MGR	PISACO, SEBASTIAN	Av. Rivadavia 4260. Piso 4o	Add
		Ciudad Autonoma de	■ Remove
		Buenos Aires AR	□ Change
			7
And the state of t			SS CONTRACTOR REPORT
			E D Frange
			D Add
The same of the sa			D Atti
		λ [*] .	□ Remove
			□ Change
	•		□ Add
			☐ Remove
			□ Chance

ge 6 or 6	2017-03-08 16:09:54 (GMT)	1-888-401-1914	From: Silv	as Finan
((H17000064629 3)))				
If amending any other information,	enter change(s) here: (Attach addit	tional sheets, if necess	ary.)	
N/A	,	•	* *	
		······································		
	•			
	*			
				,

		N-14 - 14 - 14 - 14 - 14 - 14 - 14 - 14	· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
The state of the s	***************************************			
			:**	
		W	75	
				7
	•			βŖ
		<u> </u>		60
			ئىرىن	3
			73/7 (NET	_#=
•	N/A		50.00	<u>ජ</u> න
Effective date, if other than the date	of filing:	(options	a I)	
(If an effective date is listed, the date must be sp. Note: If the date inserted in this block do	ecitic and carnot be prior to due of fling or i	nore than 90 days after till	ng.) Parsuun	i in 605.020 he fisted a
document's effective date on the Departm	nent of State's records.			22 22 74 7 5
document's effective date on the Departm	nent of State's records.			
the record specifies a delayed effe	ortho data but not an officially	tima at 13:01 are	a anitha	andiar a
) The 90th day after the record is	s filed.	ume, at 12.01 a.n	1. 011 (116	Carner (
MARCH 08	.2017			
Dated	- Maria			
	MAN SKA			
	- 1 - 1 1 1 - 1 1 - 1 - 1 - 1 - 1 - 1 -			

Page 3 of 3

NATALIA V PISANO Typed or printed name of signee

Filing Fee: \$25.00