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C. LEWIS

DEC 11 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

Rafaela Da Silveira, 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:

Rafaela Silveira

Name of Person

Rafaela Da Silveira, LLC

Firm/Company

18188 Collins Avenue

Address

Sunny Isles, FL 33160

City/State and Zip Code

rafaelasilveira@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rafaela Silveira

,305,**987-5548**

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)

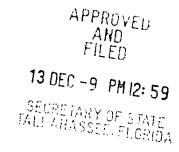
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Triad International Consulting LLC

company has been notified in writing of this change.

(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 Con	npany were filed on 8/19/	2011	_ and assigned
Florida document number L11000095825			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
Rafaela Da Silveira, LLC			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company	," the designation "LLC	or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>		
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register registered agent and/or the new registered office address		r records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street addres	SS
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered	\gent:		
I hereby accept the appointment as registered agent an	nd agree to act in this cape	acity. I further agree	to comply with

If Changing Registered Agent, Signature of New Registered Agent

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

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> **Address Type of Action** Remove Remove Remove

Page 2 of 3

Remove

APPROVED AND FILED

ary.)	
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Page 3 of 3

Filing Fee: \$25.00