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.

(((H230002691743)))



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 Phone : (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:

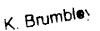
# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN D & A 2011, LLC

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

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Help

AUG 0 2 2023



(((H23000269174/3)))

## **COVER LETTER**

TO: Registration Division of C			
	OH, LLC		
SUBJECT:	Name of Lin	ited Liability Company	<del></del>
The enclosed Articles (	of Amendment and fee(s) are sub-	amitted for filing	
		•	
riease return an corres	pondence concerning this matter	to the following:	
	DAVINA ROJAS		
		Name of Person	<del> </del>
	D & A 2011, LLC		
	-	Firm/Company	
	2450 HOLLYWOOD BL	<b>(</b> [)	
		Address	
	HOLLYWOOD, FL 3302	0	
		City/State and Zip Code	
	ACCOUNTING2@SILVA		
		to be used for future annual report notification)	
hor lurther information	concerning this matter, please of	all:	
		at ()	
Name	of Person	Area Code Daytime Telepho	ne Number
Enclosed is a check for	the following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee & □	\$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>MailingAddr</u>		StreetAddress:	
Registration Division of	Section Corporations	Registration Section Division of Corporation	ns
P.O. Box 63		The Centre of Tallahas	
Tallahassee	, F1. 32314	2415 N. Monroe Street Tallahassee, FL 32303	. Suite 810

(((H230002691743)))

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D & A 20	H. LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Plorida document number 1.12000043772	were filed on 03/28/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
N/A		
The new name most be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)		<del> </del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered office a seent and/or the new registered office address here:	address on our records, enter the n	name of the wew registered
Name of New Registered Agent:		PPROV AND FILED G-2
New Registered Office Address:		
	Enter Florida street address . Florida	
	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.

Page: 5 of 6

2023-08-02 20:53:45 GMT

18884011914

From: Silves Financial Services, LLC

(((H23000269174.3)))

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ACOSTA, ORESTES ALBERTO	2450 HOLLYWOOD BLVD UNIT 702	🗆 Add
		HOLLYWOOD, FL 33020	≣Remove
		·	□Change
	<del></del>		□ Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□ Change
		10 A B 40 B 4	DAdd
			Remove
			O.C.

(((H23000269174.3)))

N/A				
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fective date, if other than the date an effective date is listed, the date must be local. If the date inserted in this block local local effective date on the Depart	specific and cannot be prior t does not meet the applica	o date of filing or more the ble statutory filing reo	(optional) nan 90 days after filing.) Pu puirements, this date wil	irsuant to 605,020 Il not be listed as
record specifies a delayed effective da d is filed	te, but not an effective tin	ne, at 12:01 a m on th	e earlier of: (b) The 9	Oth day after the
Dated AUGUST 2	2023	_·		
Dated AUGUST 2	\frac{2023}{Davina	 Rojas		
	Davina  Talure of a member or author		niember	