L1300000309

Requestor's Name)
Address)
Address)
City/State/Zip/Phone #)
WAIT MAIL
Business Entity Name)
Document Number)
Certificates of Status
to Filing Officer:

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2015 SEP -3 P 2: 48
SECRETARY OF STATE
AMASSEF, FLORIDA

SEP 0 3 2015

S MASON

COVER LETTER

	of Corporations	
SUBJECT:	Silvan IIC	
SUBJECT:	Silvon LLC Name of Limited Liability Company	
The enclosed Artic	icles of Amendment and fee(s) are submitted for filing.	
Please return all co	correspondence concerning this matter to the following:	
	David Cruz	
	David CNZ Name of Person BC Accounting Services PA Firm/Company	
	A4156 State Rd. 54, Svite) Address	
	City/State and Zip Code DCN2 @dcaccountingpa. com E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	
For further inform	nation concerning this matter, please call:	
Dan	Name of Person at (8/3) 345 8503 Area Code Daytime Telephone Number	
Enclosed is a chec	ck for the following amount:	
\$25.00 Filing	Fee \$\Bigcup \$30.00 \text{ Filing Fee & Certificate of Status}\$ \$\Bigcup \$55.00 \text{ Filing Fee & Certificate of Status}\$ \$\Bigcup \$60.00 Filing	atus &

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

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)
he Articles of Organization for this Limited Liability Company	v were filed on	anum 2, 2013 and assigned
lorida document number	, <u>—</u>	
his amendment is submitted to amend the following:	•	
. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the desig	nation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	-	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
d. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		ur records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida Zip Code
	City	Zip Code
ew Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	

If Changing Registered Agent, Signature of New Registered A

Page 1 of 3

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 t	to manage,	enter the	<u>title, nar</u>	<u>ne, and</u>	address (of each	person	being	<u>added</u>
or removed from our records:									

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			Riverview F2 33569	Remove
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□ Change			RIOA HO	· .

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Filing Fee: \$25.00