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.

(((H14000276737 3)))



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 RESIG CONCEPT DESIGN GROUP ENTERPRISE LLC ******* NOTE

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

SERETARY OF STATE

DEC -1 AN 10: 00

GEC - 5 5011

TO:

Registration Section

COVER LETTER

Please return all correspondence concerning this matter to the following: MARTIN REYES Name of Person SILVAS FINANCIAL SERVICES 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: MARTIN REYES Name of Person SILVAS FINANCIAL SERVICES LLC	
Please return all correspondence concerning this matter to the following: MARTIN REYES Name of Person SILVAS FINANCIAL SERVICES LLC	
MARTIN REYES Name of Person SILVAS FINANCIAL SERVICES LLC	
Name of Person SILVAS FINANCIAL SERVICES LLC	
SILVAS FINANCIAL SERVICES LLC	
Firm (Company)	
Firm/Company	
5220 S UNIVERSITY DR ST C-102	
Address	
DAVIE , FL 33328	
City/State and Zip Code ACCOUNTING3@SILVASFINANCIALSERVICES.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
OLGA T MORALES 786 566 3504	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

型公 三

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONCEPT DESIGN GROU			FEE B TI
(Name of the Limit	ed Liability Con (A Florida Limit	npany as it now appears on our re ed Liability Company)	ecords.)
The Articles of Organization for this Limited L Florida document number L14000178501		nny were filed on 11/18/20	14 SEE God as Signed 7: 38
This amendment is submitted to amend the foll	owing:		DA
A. If amending name, enter the new name of	the limited li	iability company here:	
N/A			
The new name must be distinguishable and end with the Enter new principal offices address, if applic		Liability Company," the designation N/A	"LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREE	T ADDRESS,)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	N/A	
B. If amending the registered agent and registered agent and/or the new registered of			cords, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street o	ukiress
			_, 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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

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

AMBR = Authorized Member Title <u>Name</u> <u>Address</u> Type of Action SHIRLEY MUNOZ MGR 16186 SW 26 ST □ Add MIRAMAR, FL 33027 ■ Remove _□ Add _□ Remove _□ Add _□ Remove _□ Remove \Box Add ___ □ Remove

o :	Page 6 of 6	2014-12-01 21:46:48 (GMT)	18884011914 From: Silvas Financial Services,
• •	D. If amending any other informa	ttion, outer change(s) here: (Attach sublittions	disheots, if neverousy.)
: :			
· .	All has placed as a set of different		The state of the s
			returning and the state of the
•		and the second s	
. :	E. Effective date, if other than the (The effective date must be specific, cannot the date this document is filed by the Floring December 1	sof he prior to date of receipt or filed date and earing be in	(optional) nore than 90 days after
	Dated	Jauloral S	
		Signature of an inember of authorized representative of OLGA T MORALES	
•		Typed or printed name of signee	
٠.			

Page 3 of 3

14 DEC - 1 AH 7: 39
SECRETARY OF STATE
ARLAHASSEE, FLORIDA