

12/1/2014

2014-12-01 2:46:48 (GMT)

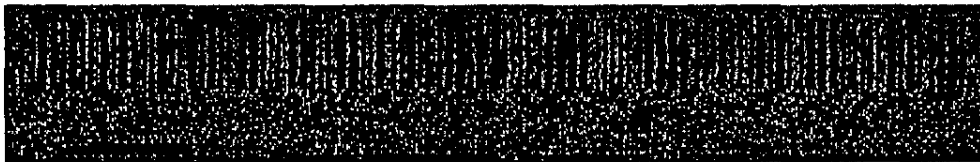
18884011914 from: Silva, Financial Services, LLC

Division of Corporations

Florida Department of State
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.

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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
CONCEPT DESIGN GROUP ENTERPRISE LLC *****
NOTE

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

RECEIVED

14 DEC -1 AM 10:00

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BUREAU OF COMMERCIAL
REGISTRATION SERVICESSECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC -1 AM 7:38

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DEC - 2 2014

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CONCEPT DESIGN GROUP ENTERPRISE 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

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

at (_____) _____
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

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SHIRLEY MUNOZ	16186 SW 26 ST	<input type="checkbox"/> Add
		MIRAMAR , FL 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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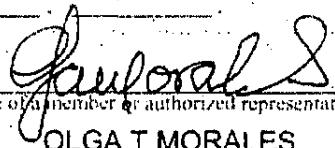
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated DECEMBER 1 2014



Signature of a member or authorized representative of a member

OLGA T MORALES

Typed or printed name of signee

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TALLAHASSEE, FLORIDA