L19000316610

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
PARK GROVE 1702 LLC

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

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2019 OCT 15 P 12:20

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OCT - 3 2019

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARK GROVE 1702 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:

TOMAS TADEO GARCIA DE COSSIO
Name of Person

PARK GROVE 1702 LLC
Firm/Company

5220 S UNIVERSITY DRIVE SUITE C102
Address

DAVIE, FL 33328
City/State and Zip Code

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

For further information concerning this matter, please call

TOMAS TADEO GARCIA DE COSSIO at (_____)
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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

PARK GROVE 1702 LLC

(Name of the Limited Liability Company as it now appears on our records)

2019 OCT 15 P 1:31

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/24/2014 and assigned

Florida document number L14000181610.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

5220 S UNIVERSITY DR
SUITE C102
DAVIE, FL 33328

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5220 S UNIVERSITY DR
SUITE C102
DAVIE, FL 33328

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

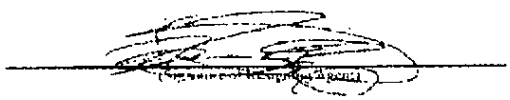
Name of New Registered Agent: SILVAS FINANCIAL SERVICES LLC

New Registered Office Address: 5220 S UNIVERSITY DR SUITE C102
Enter Florida street address

DAVIE, **Florida** 33328
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

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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

Title	Name	Address	Type of Action
MGR	COGHLAN, MIGUEL JOSE	5220 S UNIVERSITY DRIVE	☒ Add
		SUITE C102	☐ Remove
		DAVIE, FL 33328	☐ Change
MGR	GARCIA DE COSSIO, TOMAS TADEO	5220 S UNIVERSITY DRIVE	☒ Add
		SUITE C102	☐ Remove
		DAVIE, FL 33328	☐ Change
MGR	SUNDBLAD, XAVIER	1121 CRANDON BLVD D505	☐ Add
		KEY BISCAYNE, FL 33149	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

N/A

E. Effective date, if other than the date of filing: 10/10/2019 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated OCTOBER 10TH 2019

Signature of a member or authorized representative of a member

TOMAS TADEO GARCIA DE COSSIO

Typed or printed name of signee

Filing Fee: $25.00