

10/14/2019

Division of Corporations

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 : 120020000100
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
COLLINS 3305 LLC**

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

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: COLLINS 3305 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

COLLINS 3305 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

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee☐ \$20.00 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILE

OCT 14 1962

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

our records:

This amendment is submitted to amend the following:

23A

Enter new principal offices address, if applicable:

5220 S UNIVERSITY DR

(Principal office address MUST BE A STREET ADDRESS)

SUTTE C102

DAVID, FL. 33328

Enter new mailing address, if applicable:

5220 S UNIVERSITY DR

(Mailing address MAY BE A POST OFFICE BOX)

PAGE 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

ZipCode

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.

[Handwritten signature]

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	COGHLAN, MIGUEL JOSE	5220 S UNIVERSITY DRIVE	<input checked="" type="checkbox"/> Add
		SUITE C102	<input type="checkbox"/> Remove
		DAVIE, FL 33328	<input type="checkbox"/> Change
MGR	GARCIA DE COSSIO, TOMAS TADEO	5220 S UNIVERSITY DRIVE	<input checked="" type="checkbox"/> Add
		SUITE C102	<input type="checkbox"/> Remove
		DAVIE, FL 33328	<input type="checkbox"/> Change
MGR	SUNDBLAD, XAVIER	1121 CRANDON BLVD D505	<input type="checkbox"/> Add
		KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

N/A

Filing Fee: \$25.00