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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 : (305)944-9755 ; (888)401-1914 Fax Number

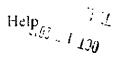
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	 _
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **COLLINS 3305 LLC**

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* COVER LETTER

	Division of Cor					
SUBJEC	COLLINS T:					
		Name of Limit	ted Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please re	tuin all coirespi	ondence concerning this inatter t	o the following.			
		TOMAS TADEO GARCIA				
			Name of Person			
		COLLINS 3305 LLC				
			Firm/Company			
		5220 S UNIVERSITY DRIVE SUCTE C192				
			Address			
		DAVIE, FL 33328				
			City/State and Zip Code			
		E-mail address: (to be used for future annual report notif	ication)		
For fluid	er information	concerning this matter, please or	nil.			
TOMAS	S TADEO GAR	CIA DE COSSIO	at ()			
	Name	of Person	at () Area Code Daytime	Telephone Number		
Linglose	d is a check for i	the following amount:				
[] \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$35.00 Filing Fee & Certified Copy (additional copy is enclosed)	D \$60 00 Filing Fee, Certificate of Status & Certified Copy taildining copy is enabled.		

MAHANG ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Fl. 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliften Building 2661 Executive Center Circle Tallahassee, FL 32301 (((H190003045633)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLL.	INS 3305 LLC	11 TOO EEG	b 图 83
ited Liability Compar (A Florida Limited L	ny as it now appears of hability Company)	SEE WILLIAM	是一个
iability Company	were filed on $\frac{-11/24}{2}$	1/2014	and assigned
·			
lowing:			
of the limited liab	ility company here	:	
words "Limited Liabil	hty Company," the desig	mation "LLC" or the	abbreviation "L.L.C"
Enter new principal offices address, if applicable:		TEY DR	
	SIJITE C102		
	DAVIE, FL 33328		
Enter new mailing address, if applicable:		ITY DR	
5 BQX)	SUTTE C102		
(Mailing address MAY BE A POST OFFICE BOX)		DAVIE, FL 33328	
office address her	<u>e</u> :		er the name of the
5220 S UNIVE			
	Enter Floride		33328 ZipCode
	(A Florida Linuted I A Florida Linuted Liabi Cable: ET ADDRESS) Alor registered of office address here. SILVAS FINA	iability Company were filed on 11/24 lowing: of the limited liability company here words "Limited Liability Company," the designable: ET.ADDRESS) 5220 S UNIVERSITE C102 DAVIE, FL 33328 SUITE C102 DAVIE, FL 33328 d/or registered office address on office address here: SILVAS FINANCIAL SERVICES (5220 S UNIVERS)	iability Company as it now appears on our records: (A Florida Limited Liability Company) Liability Company were filed on 11/24/2014 lowing: Of the limited liability company here: words "Limited Liability Company," the designation "LLC" or the 5220 S UNIVERSITY DR SIJITE C102 DAVIE, FL 33328 S220 S UNIVERSITY DR SETTE C102 DAVIE, FL 33328 Afor registered office address on our records, enterfice address here: SILVAS FINANCIAL SERVICES LLC 5220 S UNIVERSITY DR SUITE C102 Enter Florida street address

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 dities, 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 refiect a change in the registered affice 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

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	
MGR	GARCIA DE COSSIO, TOMAS	5220 S UNIVERSITY DRIVE	
	TADEO	SUITE C102	Add
			□ Remove
		DAVIE, FL 33328	Change
MGR	SUNDBLAD, NAVIER	1121 CRANDON BLVD D505	
		KEY BISCAYNE, FL 33149	B Remove
			□ Change
	v de marche de la companya de la com		□ Add
		**************************************	☐ Remove
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	10/10/2019 we date if other than the date of filing:(optional)
Note:	ve date, if other than the date of filing: (optional) ective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	OCTOBER 10TH 2019
Daw.	Theme Com
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00