

L16000029211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

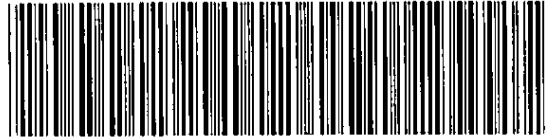
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/19/23--01029--005 \*\*25.00

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2023 SEP 19 PM 3:32

CLERK OF DISTRICT COURT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Silver Bluff Investments, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ramon Del Valle

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1861 NE 196 Terrace

\_\_\_\_\_  
Address

Miami, FL 33179

\_\_\_\_\_  
City/State and Zip Code

ramondelvalle@hotmail.com

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

For further information concerning this matter, please call:

Ramon Del Valle

305 733-9182

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Silver Bluff Investments, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000029211

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/10/2023

4. I, Wilfredo Rivera, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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2023 SEP 19 PM 3:32  
TALLAHASSEE, FLORIDA