

11/16/2016

Division of Corporations

L1600028271834
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.

(((H16000282718 3)))



H160002827183ABC2

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 : I20020080100
Phone : (305)944-9755
Fax Number : (888)481-1914

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
SILVER SAND ACTIVE LLC**

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

RECEIVED

2016 NOV 16 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDAFILED
16 NOV 16 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

((H16000282718 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: SILVER SAND ACTIVE 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:

GERMAN PENA

Name of Person

Firm/Company

12555 ORANGE DR SUITE 4063

Address

DAVIE, FL 33330

City/State and Zip Code

srinformation99@gmail.com

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

For further information concerning this matter, please call:

GERMAN PENA

Name of Person

754

at ()
Area Code

2236212

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

((H16000282718 3)))

FILED
16 NOV 16 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H16000282718 3)))

SILVER SAND ACTIVE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/15/2016 and assigned
Florida document number L16000074884.

This amendment is submitted to amend the following:

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

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)

12555 ORANGE DR

SUITE 4063

DAVIE, FL 33330

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12555 ORANGE DR

SUITE 4063

DAVIE, FL 33330

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

(((H16000282718 3)))

FILED
16 NOV 16
SECRETARY OF
TALLAHASSEE

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H16000282718 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SANDRA PLATA	4512 TAYLOR STREET	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	GERMAN PENA	12555 ORANGE DR	<input checked="" type="checkbox"/> Add
		SUTTE 4063	<input type="checkbox"/> Remove
		DAVIE, FL 33330	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
16 NOV 16 AM 8:53
SECRETARY OF STATE
TAMU
STATE OF TEXAS

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: _____ (optional)

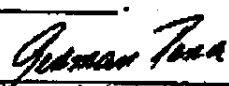
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 11/16/2016



Signature of a member or authorized representative of a member

GERMAN PENA

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

(((H18000282718 3)))

FILED
16 NOV 16 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA