

**L16000144018**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2016 AUG 11 P 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

AUG 12 2016  
D. BRUCE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SILVERMENZ GENERAL SERVICES 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:

RAFAEL A. MENDEZ

Name of Person

SILVERMENZ GENERAL SERVICES LLC

Firm/Company

16380 SOUTH POST ROAD APT 304

Address

WESTON, FL 33331

City/State and Zip Code

aseconllc@gmail.com

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

For further information concerning this matter, please call:

RAFAEL A. MENDEZ

954 226-8390  
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

FILED  
2016 AUG 11 P 3:42  
SECRETARY OF  
STATE  
TALLAHASSEE, FLORIDA

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

SILVERMENZ GENERAL SERVICES 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 08/02/2016 and assigned  
Florida document number L16000144018.

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:**

16380 SOUTH POST ROAD

**(Principal office address MUST BE A STREET ADDRESS)**

APT 304

WESTON, FL 33331

**Enter new mailing address, if applicable:**

16380 SOUTH POST ROAD

**(Mailing address MAY BE A POST OFFICE BOX)**

APT 304

WESTON, FL 33331

**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:

16380 SOUTH POST ROAD APT 304

*Enter Florida street address*

WESTON

*City*

Florida

33331

*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**

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>
AMBR	PEDRO L. SILVA	12507 SW 7 STREET	<input type="checkbox"/> Add
		DAVIE, FL 33325	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NOREN SALAZAR	16380 SOUTH POST ROAD	<input checked="" type="checkbox"/> Add
		APT 304	<input type="checkbox"/> Remove
		WESTON, FL 33331	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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[illegible]

(optional)

**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.

FILED  
2016 AUG 19 P 3:07  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA  
optional)  
after filing.) Pursuant to 601.02,  
this date will not be list  
11 a.m. on the earli

Dated

2016

Signature of a member or authorized representative of a member

Typed or printed name of signee