## 48000062971

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## **COVER LETTER**

Division of C					
SILVAF SUBJECT:	YLO, LLC		*		
.,01312.7.	Name of Lim	Name of Limited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	ADRIANA BRIER				
		Name of Person			
	FINANCE INTERNATIO				
	Firm/Company				
	<del></del>	Address			
	AVENTURA, FLORIDA	33180			
		City/State and Zip Code	<del> </del>		
	ABRIER@BRIERREALE			200	
	E-mail address: (	to be used for future annual report notificat	ion)	SEP -	
For further information	n concerning this matter, please c	all:		1 2	
ADRIANA BRIER		786 553-9133			
Name	e of Person	Area Code Daytime Te	lephone Number	1: 12 S.A.E.	
Enclosed is a check for	r the following amount:			-	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Co	of Status &	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallabaseau, Rt. 32311

P.O. Box 6327 Clift
Tallahassee, FL 32314 2661

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clinon Building 2661 Executive Center Circle Tallahassee, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SILVAPILO, 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  $\,^{\mathrm{MARCH}}\,9,\,2018$ and assigned Florida document number L18000062971 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 City 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>	Name	Address	Type of Action
MGR	KUBIX-Q. LLC	1966 NE 123rd Street North Miami, Florida 33181	
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ective date, if other than the effective date is listed, the date muster. If the date inserted in this blument's effective date on the Department of the Dep	date of filing:	e applicable str records.	tutory filing requ	rirements, this da	ng.) Pursuant to 6 te will not be l	isted a
he 90th day after the rec						··· =•
August 24	$\frac{201}{4}$	· · ·	Λ			

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Filing Fee: \$25.00