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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
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To whom it may concern,

My return address is;

Pedro A. Silva

9345 SW 17 ST

MIAMI, FL 33165

MY DAY TIME PHONE NUMBER IS 305-951-9297

Sincerely,

Pedro A. Silva

COVER LETTER

10:		stration Section of Com			
end if		SILVACO /	ACQUISITIONS, LLC		
SUBJE	CI; _		Name of Limited	I Liability Company	
The enc	losed .	Articles of a	Amendment and fee(s) are submit	ited for filing.	
Please re	eturn a	all correspo	ndence concerning this matter to t	the following:	
			PEDRO A. SILVA		
			SILVACO ACQUISITIONS, LL	Name of Person	-
			9345 SW 17 ST	Firm/Company	-
			MIAMI, FL 33165	Address	
			JONAPAS@GMAIL.COM	City/State and Zip Code	-
	. ,	, <u>-</u>		ce used for future annual report notification)	2019 SEC TALLE
For furth	ner int	ormation co	oncerning this matter, please call:		. j. 66 - 55
PEDRO) A. S	SILVA		305 951-9297	22
T1		Name of		Area Code Daytime Telephone Number	
		ing Fee	e following amount: □ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &
		Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SILVACO ACQUISITIONS, LLC	
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on APRIL 23, 2016 and assigned
Florida document number L18000101730	<u> </u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	22
B. If amending the registered agent and/or regis	stered office address on our records, enter the name of the new
registered agent and/or the new registered office add	ress here:
Name of New Registered Agent:	
New Registered Office Address:	
THEN ISEGISTED OFFICE FRANCE.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:
provisions of all statutes relative to the proper and caccept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ed office address, I hereby confirm that the limited liability If Changing Registered Agent, Signature of New Registered Agent
	Page 1 of 3

/ Temorea	from our records:		
MGR = M	anager		
MBR = A	uthorized Member		
<u> </u>	Name	Address	Type of Action
1GR	AMADA ROMANO-SILVA	9345 SW 17 ST MIAMI, FL 33165	
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D. If amending any other infor	mation, enter change(s)	here: (Attach add	itional shee	ts, if necess	ary.)		
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E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific and cannot be s block does not meet the	pplicable	late of filing c e statutory fi	r more than 90 lling requirer	(option) days after fi nents, this d	ling.) Pur	suant to not be l	605.0207 (3)(b listed as the
If the record specifies a dela (b) The 90th day after the		it not a	n effectiv	e time, at	12:01 a.ı	n. on t	the ea	rlier of:
Dated	2019		. 1					
	Pedu C	10	lec	ive of a mem				
	Pedro	A.	Silv	A-				
	Typed or	printed n	iame of signo	2				

Page 3 of 3

Filing Fee: \$25.00