

L18000 1011 730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100329406101

05/22/19--01011--006 **25.00

2019 MAY 22 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Y SULKER
JUN 07 2019

[Handwritten signature]

To whom it may concern,

My return address is;

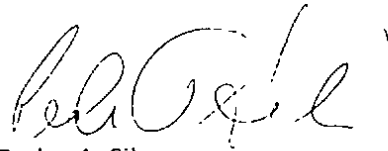
Pedro A. Silva

9345 SW 17 ST

MIAMI, FL 33165

MY DAY TIME PHONE NUMBER IS **305-951-9297**

Sincerely,

A handwritten signature in black ink, appearing to read 'Pedro A. Silva', written in a cursive style.

Pedro A. Silva

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SILVACO ACQUISITIONS, 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:

PEDRO A. SILVA

Name of Person

SILVACO ACQUISITIONS, LLC

Firm/Company

9345 SW 17 ST

Address

MIAMI, FL 33165

City/State and Zip Code

JONAPAS@GMAIL.COM

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

For further information concerning this matter, please call:

PEDRO A. SILVA

305 951-9297

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
2019 MAY 22 PM 3:51
TALLAHASSEE, FL
SECRETARY OF STATE

Page 1 of 3

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>
MGR	AMADA ROMANO-SILVA	9345 SW 17 ST MIAMI, FL 33165	<input checked="" 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
			<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
			<input type="checkbox"/> Change

FILED
2020 MAY 22 PM 3:51
SEAL
TALLAHASSEE, FLORIDA

2019 MAY 22 PM 3:01
SECRET
TALAMON, J. J.

FILED
2019 MAY 22 PM 3:5
SECRET
TIT 100-100000

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.

Dated MAY 20, 2019

Pedro A. Silva
Typed or printed name of signee