Florida Department of State

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: (850)617-6383

From:

Account Name : TAP SOLUTIONS INC

Account Number : I20210000103 Phone

: (786)615-3057

Fax Number

: (786)615-3058

nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SILVA ASSOCIATES LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L18000120703	were filed on05/14/2018	and assigned
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.C." Enter new principal offices address, if applicable:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	Rity Company," the designation "LL	C" or the abbreviation "L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	2343 NW 7TH ST	
	MIAMI, FL 33125	
Enter new mailing address if annicable	2343 NW 7TH ST	6 20 00
• • • • • • • • • • • • • • • • • • • •		124
[Muning gamess mar BL A 1051 01110L BOX]	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		<u>.</u> ن
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	uddress on our records, <u>ente</u>	r the name of the new registers
20.00.00	/ 7TH ST	
New Registered Office Address: 2343 NW	Enter Florida street oddre	z.
MIAMI	. F	lorida 33125
	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 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>	Address	Type of Action
MGR	SILVA FAJARDO, MAURICIO	8600 SW 133RD AVE RD APT 420	□Add
		MIAMI, FL 33183	■Remove
			©Change
MGR	SILVA PATAQUIVA, LUIS A	8600 SW 133RD AVE RD APT 420	
		MIAMI, FL 33183	≣Remove
MCD			□Change
MGR VICTOR H. FAJARDO HERREÑO	VICTOR H. FAJARDO HERREÑO	2343 NW 71'H ST	= Add
		MIAMI, FL 33125	□Rcmove
			□Change
			
			□Remove
			□Change
			🗅 Add
			□Removc
			Change
			🗖 Add
			□Remove
			□Change

							
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(If an el	tive date, if other the fective date is listed, the first inserted in ment's effective date of the fective	date must be specifi n this block does i	c and cannot be prior :	des contra	(option ore than 90 days after fi g requirements, this	nal) iling.) Pursuant to 605.020 date will not be listed a	07 (3) is the
the reco	rd specifics a delayed ilcd.	effective date, but	l not an effective tim	ae, at 12:01 a.m. s	n the earlier of: (b)	The 90th day after the	:
-OIG 15 11	DECEMBER 5		2024	_ •			
Dated							
	FOGAR SILVA JOHC 5, 2024						