L18000163546

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SECRETARY OF STATE
TALLAHASSEE FLORUM
BR 28

COVER LETTER

TO: Registration S Division of Co					
SILVA'S (CLEANING SERVICES LLC				
SUBJECT.	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub	Ç .			
	JORGE D RUEDA	<u>-</u>			
		Name of Person	···		
	A COUPLES TAX INC				
		Firm/Company	<u> </u>		
10101 WEST SAMPLE RD SUITE 114					
		Address			
	CORAL SPRINGS, FL 3	3065			
	INFO@ACOUPLESTAX.	City/State and Zip Code		2018 SEC	O MEST THE
		to be used for future annual report notific	ation)	JUL 2 CREAG LAHAS	
For further information c	oncerning this matter, please co	ıll:			
JUAN CARLOS SILVA	4	954 815-7799		## 3	
Name o	f Person	at () Area Code Daytime 7	elephone Number	4: 42 SIALE LORIDA	The same of
Enclosed is a check for the	ne 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 Certificate of Certified Co (additional cop	of Status &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SILVA'S CLEANING 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 Link The C	07/05/2018	
The Articles of Organization for this Limited Liability (Florida document number L18000163546	company were filed on	and assigned
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 "Lin	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:	tered office address on our records, ress here:	enter the name of the new
New Registered Office Address:		#所 (日 22:12:12:12:13:13:13:13:13:13:13:13:13:13:13:13:13:
	Enter Florida street address Flor	Since we have
New Registered Agent's Signature, if changing Registered	•	Appende :
I hereby accept the appointment as registered agent or oversions of all statutes relative to the proper and coacept the obligations of my position as registered agbeing filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, and gent as provided for in Chapter 605, F.	Lam familiar with and S. Or, if this document is
	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>	Address	Type of Action
MGR	ANGELICA MERINO VERNOT	9969 W ATLANTIC BLVD	
		CORAL SPRINGS FL 33071	■ Remove
			☐ Change
			🗆 Remove
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	· · · · · · · · · · · · · · · · · · ·		Add
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Signature of a member or authorized representative of a member	ated <u>07/16</u>	7/18	- 1 27	·			
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Page 3 of 3

Filing Fee: \$25.00