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COVER LETTER

TO: Registration S Division of Co			
E Silver Li	mited Liability Company		
SUBJECT:	Name of Lir	nited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Lizmary López Álvarez		
		Name of Person	
	Bonum, LLC		
		Firm/Company	
	7432 Azalea Cove Cir.		
		Address	
	Orlando, FL 32807		
		City/State and Zip Code	
	lizmarylopez@gmail.com E-mail address: (to be used for future annual report notif	fication)
For further information	concerning this matter, please c	·	,
Lizmary Lopez Alvarez		787 639-9213	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	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 Addre		Street Address:	ction
Registration Division of 0	Section Corporations	Registration Sec Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E Silver Limited Liability Company		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
he Articles of Organization for this Limited Liability Comp	pany were filed on 09/26/2018	and assigned
lorida document number 1.18(KN)2287(K)		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
E Silver LLC		
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1633 East Vine St. Suite 114	
Principal office address MUST BE A STREET ADDRES:	Kissimmee, FL 34743	~2
Enter new mailing address, if applicable:	1633 East Vine St. Suite 114	ري دي
Mailing address MAY BE A POST OFFICE BOX)	Kissimmee, FL 34743	-
		<u></u>
		$\frac{\omega}{2}$
3. If amending the registered agent and/or registered of gent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records, enter the	name of the new regis
1633 East	Vine St. Suite 114	
New Registered Office Address: 1055 East	Enter Florida street address	
Kissimme	e . Florio	da <u>34743</u>
	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	ENID NEGRÓN	518 Floral Dr. Kissimmee FL 34743	
			□Remove
AMBR	REYMON D COLON	518 Floral Dr. Kissimmee FL 34743	
			□Remove
			≘Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Rеточе
			□Change
			□Add
			□Remove
			∏Channa.

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ctive date, if other than the date of filin effective date is listed, the date must be specific and	October 16, 2020 ig:		((optional)	innent to 605 00
: If the date inserted in this block does not a	meet the applicable				
ment's effective date on the Department of	State's records.				
ord specifies a delayed effective date, but no	t an effective time,	at 12:01 a.m. o	on the earlier of	of: (b) The 90	Oth day after th
filed					
, October 16	2020				
d	·	P	y -	\mathcal{M}	
M Givi	lecosts.	Le	y/1/	. Col	
Signature of a Enid Negm	member or authorized	I representative	ora member		