

L19000117387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

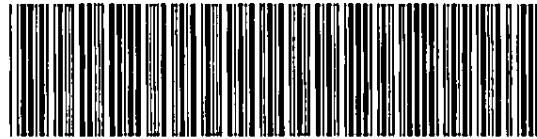
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/20/19--01041--020 **25.00

FILED

2019 MAY 20 PM 3:49

CLERK'S OFFICE

C. GOLDEN

JUN - 5 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Celia Silva's Productions, 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:

Celia M Silva
Name of Person

Celia Silva's Productions, LLC
Firm/Company

8050 Whitford Ct
Address

Windermere FL 34786
City/State and Zip Code

celiasilva72@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Celia M. Silva at (407) 765-4098
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Celia Silva's Productions LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2019 MAY 20 PM 3:49
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF DADE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/30/2019 and assigned
Florida document number L19000117387.

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.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Celia M Silva
8050 Whitford Ct
Enter Florida street address
Windermere, Florida 34786
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.

Celia M Silva
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Celia M Silva	8050 Whitford CT	☒ Add
		Windermere FL 34786	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please add my name to this LLC corporation
as the owner, manager or AMBR in order
for me to used the LLC at the bank.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

5/17/2019

Celia M. Silva

Signature of a member or authorized representative of a member

Celia M. Silva

Typed or printed name of signee