

5/20/2020

# L190000131544

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H20000148672 3)))



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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.  
Account Number : 120070000100  
Phone : (305)944-9755  
Fax Number : (888)401-1914

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
INTELSYS LLC

Certificate of Status	0
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Page Count	01
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TALLAHASSEE FLORIDA

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May 20, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

INTELSYS LLC  
5220 S UNIVERSITY DRIVE  
SUITE C102  
DAVIE, FL 33328

SUBJECT: INTELSYS LLC  
REF: L19000131544

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The cover page must be in portrait format and payment information missing on cover page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

FAX Aud. #: H20000148672  
Letter Number: 820A00010191

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2020 MAY 21 AM 7:12

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: INTELSYS 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.

HERNAN BERTIN

\_\_\_\_\_  
Name of Person

INTELSYS LLC

\_\_\_\_\_  
Firm/Company

5220 S UNIVERSITY DR SUITE 102

\_\_\_\_\_  
Address

DAVIE FL 33328

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

HERNAN BERTIN

305 9449755

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

(((1120000148672 3)))

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTELSYS 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 Liability Company were filed on 05/15/2019 and assigned  
Florida document number 119000131544.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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 Changing Registered Agent, Signature of New Registered Agent**

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TALLAHASSEE, FLORIDA

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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	BERTIN, HERNAN	5220 S UNIVERSITY DR SUITE C102	<input type="checkbox"/> Add
		DAVIE FL 33328	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BARBOSA, MARIELA NOEMI	5220 S UNIVERSITY DR SUITE C102	<input type="checkbox"/> Add
		DAVIE FL 33328	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HERIBERTO MEDINA	1416 HAYWORTH CIRCLE NW	<input checked="" type="checkbox"/> Add
		PALM BAY FL 32907	<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

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

N/A

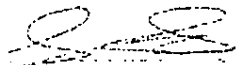
**E. Effective date, if other than the date of filing: 05/15/2020 (optional)**

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

Dated MAY 15, 2020

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

HERNAN BERTIN

\_\_\_\_\_  
Typed or printed name of signee**Filing Fee: \$25.00**