

h19 0000 171792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

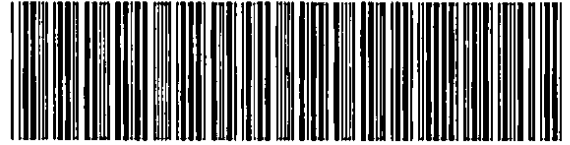
(Business Entity Name)

(Document Number)

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22 JAN -4 PM 3:09

T. MATTHEWS

JAN 11 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 12, 2021

RODRIGO A SILVA TRINCADO  
13203 LONGACRE DR  
WINDERMERE, FL 34786

SUBJECT: SILVA COMMERCE & INVESTMENTS GROUP LLC  
Ref. Number: L19000171792

We have received your document for SILVA COMMERCE & INVESTMENTS GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

The document is illegible and not acceptable for imaging.

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.

Tekayla T Matthews  
OPS

Letter Number: 621A00027479

COVER LETTER

RECEIVED

TO: Registration Section  
Division of Corporations

2022 JAN -4 AM 8:09

SUBJECT: SILVA COMMERCE & INVESTMENTS GROUP, LLC  
Name of Limited Liability Company

SECRETARY OF STATE  
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RODRIGO A. SILVA

Name of Person

Firm/Company

13203 LONGACRE DR.

Address

WINDERMERE, FL 34786

City/State and Zip Code

gorets2472@gmail.com

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

For further information concerning this matter, please call:

RODRIGO A. SILVA

Name of Person

at ( 407 )

Area Code

819-2385

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)

**CHECK WAS ALREADY SENT AND CASHED BY YOU. THIS IS THE SECOND APPLICATION. THE FIRST ONE WAS REJECTED.**

**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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

22 JUL -19 PM 3:09

**Silva Commerce & Investments Group, 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 July 01, 2019 and assigned Florida document number L19000171792.

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:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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 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>
MGR	CAROL A DIAZ RIVAS	CAMINO LONQUEN SUR #4387	<input checked="" type="checkbox"/> Add
		PARCELA 52, ETAPA III, CONDOMINIO	<input type="checkbox"/> Remove
		LAS PALMAS DEL OLIVETO	<input type="checkbox"/> Change
AMBR	FRANCISCA P BERINDOAGUE	13203 LONGACRE DR.	<input type="checkbox"/> Add
		WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

**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.

Dated DECEMBER 9

2021

Signature of a member or authorized representative of a member

RODRIGO A SILVA

Typed or printed name of signee

**Filing Fee: \$25.00**