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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	Jusiness Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT:	Si/va Sacting	les and Ma	rketing 'LLC	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
		Guilherme Name of Person Real Esta: Firm/Company		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	1732 NE	158th St		
		Address		
	North Miani	Brach, Flonda	33162	
-	G-57 E-mail address: (i	lva 21 p Ho +m	port notification)	
For further information conc	erning this matter, please ca	all:		
Gui/her Name of Per	me Silva	at (7.3 6) Area Code	SC7 - 175/ Daytime Telephone Number	
Enclosed is a check for the fo	ollowing amount:			
(\$25.00 Filing Fee	□ \$30.00 Filing Fee & · Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed) \$60.00 Filing Certificate o Certified Co (additional cop)	f Status & py

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

Silva Sales &	marketing uc	
(Name of the Limited Liability Compa- (A Florida Limited L		
e Articles of Organization for this Limited Liability Company	were filed on $\frac{9}{23}/\frac{19}{9}$	and assigned
orida document number <u> </u>	,	
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabi	ility company here:	
Proper Start Ince new name must be distinguishable and contain the words "Limited Liabil	vestments LLC	
e new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	1311 NE 157th	s i
Principal office address MUST BE A STREET ADDRESS)	1311 NE 157th North Miami Bence	6, FL 33/62
	-714	1
nter new mailing address, if applicable:	North Mani Bail	St
<u> Aailing address MAY BE A POST OFFICE BOX)</u>	North Mani Bail	h, FL 3316
If amending the registered agent and/or registered office a	ddress on our records, enter the na	me of the new regi
ent and/or the new registered office address here:		
		2029
Name of New Registered Agent:		7020 HOV
Navy Basistanul Otilias Addressa		₹
New Registered Office Address:	Enter Florida street address	<u>-</u>
	FI	
***************************************	, Florida _	Zip Code.

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			\ \ \ \ Add
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(If an effe <u>Note:</u> I	ce date, if other than the date of filing: (optional) (
e record ord is file	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 d.
Dated _	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00