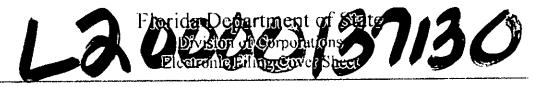
6/3/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000166248 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.

Account Number : 120020000100 Phone : (305)944-9755 : (888)401-1914 Fax Number

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 365 FIREWATCH LLC

Certificate of Status	U
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

O SIMMONS JUN 05 2020

850-617-6381

6/4/2020 9:42:22 AM PAGE 1/001 Fax Server



June 4, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

365 FIREWATCH LLC 479 NE 30TH ST 515 MIAMI, FLORIDA, 33137

SUBJECT: 365 FIREWATCH LLC

REF: L20000137130

We have received your document for 365 FIREWATCH LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

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.

Octavia L Simmons FAX Aud. #: H20000166248

Regulatory Specialist II Supervisor Letter Number: 220A00011029

(((H200001662483)))

Tallahassee, FL 32314

COVER LETTER

TO: Registration Sec Division of Corp			
	ATCH LLC		
SUBJECT:	Name of Lim	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subi	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the fallowing:	
	RICARDO MARTIN		
		Name of Person	
	365 FIREWATCH LLC		
		Firm/Company	
	479 NE 30TH ST SUITE 5	315	
		Address	
	MIAMI, FLORIDA 33137		
		City/State and Zip Code	
	E-mail addiess: (to be used for future annual report not	ification)
For further information of	oncerning this matter, please co	all:	
RICARDO MARTIN		ar ()	
Name o	d Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount.		
S25.00 Filing Fee	(1) \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy radditional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address: Registration So	
Division of C	Corporations	Division of Co The Centre of	
P.O. Box 63: Tallahassee.			ne Street, Suite 810

Tallahassee, FL 32303

To: Page 5 of 7

(((H20000166248 3)))

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION JUH -4 PH 2: 00

	365 FIREWATCH LLC
(Name of the Limited Liabili (A Florid	lity Company as it now appears on our records.) la Limited Linbility Company)
The Articles of Organization for this Limited Liability C Florida document number 1.20000137130	Company were filed on 05/20/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
N/A	
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	479 NE 30TH ST
Principal office address MUST BE A STREET ADD.	ORESS) SUFFE 515
	MIAMI, FLORIDA 33137
Enter new mailing address, if applicable:	479 NE 30TH ST
Mailing address MAY BE A POST OFFICE BOX)	SUITE 515
Muning damest man me ar type of their owny	MIAMI, FLORIDA 33137
agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new regis</u> : ARDO S MARTIN
Name of New Registered Agent.	
New Registered Office Address: 4791	NE 30TH ST SUITE 515 EnterFloridastreetaddress
MIA	AMI Florida 33137 City ZipCode
New Registered Agent's Signature, if changing Register	7

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

ricardosmarti

(((H200001662483)))

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 = 3 AMBR = 3	Manager Authorized Member	2020 JUN - L PH 2: 00	
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	MARTIN, RICARDO S, R	5220 S UNIVERSITY DR SUITE C102	□Add
		DAVIE F1, 33328	■ Remove
			□Change
MGR	MARTIN, RICARDO S, R	479 NE 30TH ST SUITE 515	= Add
		MIAMI, FL 33137	□Remove
			DChange
			□ Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
			Remove
			Change
			□Add
			Remove
			□Change

(((H20000166248 3)))

nending any other informati			Pii 2:	00
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	06/03/2020			
ective date, if other than the effective date is listed, the due must	date of filing:	durant Marian massas than 19	(optional)	i to GUS
effective date is listed, the diffe must e: If the date inserted in this blo	, he specific and cannot be prior to book does not meet the applicab	le statutory filing requirer	nents, this date will not	be list
ument's effective date on the De				
cord specifies a delayed effective	e date, but not an effective tim	e, at 12:01 a.m. on the car	lier of: (h) The 90th di	ay afte
s filed				
	2020			
ed	2020	<u>.</u> ·		
	/	os martin		
	ricalac	rs marium		
	Signature of a member or authori	zed representative of a mem-	oer -	

Filing Fee: \$25.00