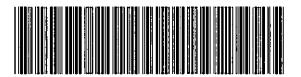
## K2CCCO193998

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

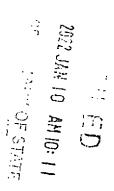
Office Use Only

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## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations					
orrange Cilia Hama	and an Commission DLI C				
SUBJECT: Silva Herni	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Betsy Silva	Name of Person			
	Silva Hemandez Consultir	ng PLLC			
		Firm/Company			
	539 Beachwalk Circle				
		Address			
	Naples, FL 34108	City/State and Zip Code			
	silvahernandezconsulting@ E-mail address: (	,	fication)		
For further information of	concerning this matter, please c	all:			
John Hernandez		at (239 ) 529-0510			
Name o	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he 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 Addre	55:	Street Address:			
Registration Section		Registration Se			
Division of C		Division of Cor	-		
P.O. Box 632		The Centre of T			
Tallahassee,	rl 32314	Tallahassee, FL	e Street, Suite 810 . 32303		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Silva Hernandez Consulting PLLC (Name of the Lim	ited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I	Liability Company	were filed on July 8, 2020	and assigned
Florida document number L20000193958			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liah	oility company here:	
Silva Hernandez Consulting LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	NA	
(Principal office address MUST BE A STREET ADDRESS)			
		<del></del>	<del></del> _
Enter new mailing address, if applicable:		NA	·
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, enter the n	ame of the new register
Name of New Registered Agent:	NA		
New Registered Office Address:		Enter Florida street address	OF SECTION
		, Florida	<u> </u>
		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 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>	Address	Type of Action
			□ Add
			Remove
			□ Change
			□Add
			Remove
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			□ Add
			□Remove
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Effectiv	e date, if other than the date of filing: (optional)
lf an effe	tive 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
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at seffective date on the Department of State's records.
docume	
e record rd 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
10 15 1110	J.
Dated 1	anuary 7 , <u>2022</u> .
	Signature of a member or authorized representative of a member
	Delay lella
	Signature of a member or authorized representative of a member
	Betsy Silva