

L20000219214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

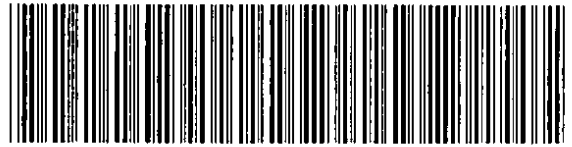
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2023 19 JUL 27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANDY SILVERA FLORALS 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:

SANDY K DELGADO MEDINA

Name of Person

SANDY SILVERA FLORALS LLC

Firm/Company

1635 SOUTH 21st AVENUE

Address

HOLLYWOOD, FL 33020

City/State and Zip Code

JMACCOUNTING@ATT.NET

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

For further information concerning this matter, please call:

SANDY K DELGADO MEDINA

786

909-8351

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

SANDY SILVERA FLORALS LLC

If Changing Registered Agent, Signature of New Registered Agent

If anien ding 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> |
|--------------|-----------------------|-------------------------------|---|
| AMBR | HECTOR JOSE RAGUSA | 9935 NOB HILI COURT, APT 9935 | <input checked="" type="checkbox"/> Add |
| | | SUNRISE, FL 33351 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | NATALIE OSORIO MORENO | 9935 NOB HIL COURT, APT 9935 | <input checked="" type="checkbox"/> Add |
| | | SUNRISE, FL 33351 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |

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

ARTICLE V

HECTOR JOSE RAGUSA HAVE 16.50% OF SHARES THE PARTNERSHIP

NATALIE OSORIO MORENO HAVE 16.50% OF SHARES THE PARTNERSHIP

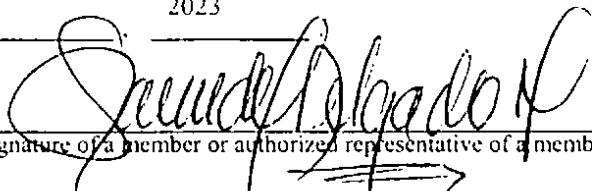
E. Effective date, if other than the date of filing: JULY 13, 2023 **(optional)**

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

Dated JULY 13 2023


Signature of a member or authorized representative of a member

SANDY K DELGADO MEDINA

Typed or printed name of signee