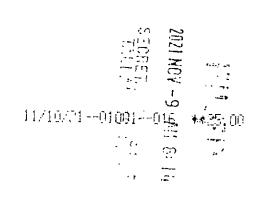
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PICK-UP	☐ WAIT	MAIL
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TÄLLÄHÄSSEE, FLORIDA

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COVER LETTER

Division of Corp		A					
SUBJECT: TR	- Silva and Name of Limi	NE ASSOCIATE ted Liability Company	slu				
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.					
Please return all correspon	ndence concerning this matter t	to the following:					
	→						
i toko Silina							
		Name of Person					
		Firm/Company					
	- aa C	· ·					
	7894 Sago	brosh 4L					
		Address					
	$O \times I = O \times O$	F1 32822	,				
	<u> </u>	City/State and Zip Code					
	E-mail address: (o be used for future annual report not	ification)				
For further information c	oncerning this matter, please ca	all:					
Name o	f Person	at () Area Code Daytin	ne Telephone Number				
	C 11						
Enclosed is a check for the			—				
¥ \$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)				
		Canada Addronii					
Mailing Address: Registration Section		Street Address: Registration Section					
Division of C	Corporations	Division of Corporations					
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810				
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on _ Florida document number 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 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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
MPS	Jose Silva Guerra	7894 Sagebrush PL Orlando, El 32822	□Add
		Orlanco, Fl 32822	□Remove
			V.Change
			□Add
			Remove
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Effective date, if other fan effective date is liste	ner than the date	e of filing	:	rior to date o	f filing or me	re than 90 da	(optional)) Pursuant to 6	.05 0207
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record specifies a de	layed effective dat	te, but not	an effectiv	e time, at 1	2:01 a.m. o	n the earlies	r of: (b) Ti	ie 90th day at	fter the
rd is filed.									
Dated Novem	1/2/2/ 9/4/		302						
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Filing Fee: \$25.00