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SECRETARY OF STATE
TALLAHASSEE, FL

FILED
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COVER LETTER

•	tration Sec ion of Corp						
SUBJECT: _	5.1	iva_	By others Name of Lin	Constantied Liability Compar	ructi or	ille	
The enclosed A	Articles of A	mendmer	nt and fee(s) are sui	bmitted for filing.			
Please return a	ll correspon	dence cor	ecerning this matte	r to the following:			
		<u>_</u> B	rerda	Silv C Name of Perso	<u>X</u>		
				Frm/Compar	ny .		
		_12	L331 R	ad + Gu	n Club	Ro	
			ffmi	City/State and Zip	33913		
			Silva E-mail address:	BOHLES (to be used for future a	CONSTAC	action)	LLC@ grail.com
For further info	ormation co	ncerning t	his matter, please o	call:			J
Br	Und Name of	2Si Person	JG	at (<u>239</u> Area Cod	1771-2 Daytime T	elephone Number	
Enclosed is a c	heck for the	followin	g amount:				
\$25,00 Fil	ing Fee		X) Filing Fee & tificate of Status	☐ \$55.00 Filing Certified Co (additional cop	ppy	Certified	e of Status &
<u>Maili</u>	ng Address	<u>.</u>		<u>Str</u>	reet Address:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Silve Brothers Construction I LC.

(Name of the Limited Liability (A March I.	Company as it now appears on mited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L210 0029 402</u> This amendment is submitted to amend the following:	npany were filed on	8/13/2022 and assigned
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	MA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		A REEL TO
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	rvet address
	795	Florida
	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 Changing Registered Agent, Signature of New Registered Agent

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
mor	Alejandro Silva	12331 Rod+ Gun(14b F+myers, F1.33913	<i>K</i> d □ Add
		F+myers, F1. 33913	Remove
			□Change
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fan ell <u>Note:</u>	ive date, if other than the date of filing: 888202 (optional) fective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the lent's effective date on the Department of State's records.
recoi d is fi	rd 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 led.
ated	8/8/2022
	Signature of a member or authorized representative of a member