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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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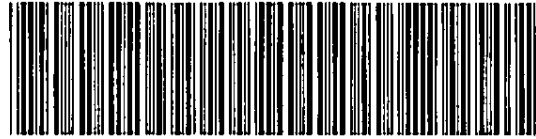
(Business Entity Name)

(Document Number)

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22 FEB -7 PM 4:33

T. MATTHEWS

FEB 16 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Silvestre Real Estate Investment Four, 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:

Lee D. Glassman, Esquire

Name of Person

The Glassman Legal Group

Firm/Company

2200 North Commerce Parkway, Suite 105

Address

Weston, Florida 33326

City/State and Zip Code

lee@leeglassman.com

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

For further information concerning this matter, please call:

Lee D. Glassman, Esquire

954  
at ( )

915-8800

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SILVESTRE REAL ESTATE INVESTMENT FOUR, LLC

22 FEB -7 PM 4: 33

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 9, 2021 and assigned  
Florida document number L21000401508.

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 "L.L.C."

**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: Lee D. Glassman, Esquire

New Registered Office Address: 2200 North Commerce Parkway, Suite 105  
*Enter Florida street address*

Weston, Florida 33326  
*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>	<u>Type of Action</u>
MGR	Melissa Silvestre	15757 Pines Boulevard	<input checked="" type="checkbox"/> Add
		Unit #151	<input type="checkbox"/> Remove
		Pembroke Pines, Florida 33027	<input type="checkbox"/> Change
MGR	Luis Silvestre	15757 Pines Boulevard	<input checked="" type="checkbox"/> Add
		Unit #151	<input type="checkbox"/> Remove
		Pembroke Pines, Florida 33027	<input type="checkbox"/> Change
AMBR	Melissa Silvestre	15757 Pines Boulevard	<input checked="" type="checkbox"/> Add
		Unit #151	<input type="checkbox"/> Remove
		Pembroke Pines, Florida 33027	<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

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.

January 2, 2022



Signature of a member or authorized representative of a member

Typed or printed name of signer