21000514010

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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
	PA SOLUTIONS LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	CARINA SILVA		
		Name of Person	
		Firm/Company	
	335 BROOKCREST CIRC	CLE	
		Address	
	ROCKLEDGE, FL		
	carina@sheffieldllc.com	City/State and Zip Code	
	-	to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
CARINA SILVA		321 298-6951	
Name	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr		Street Address: Registration So	ection
Registration Division of	Corporations	Division of Co	
P.O. Box 63		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SILVA CPA SOLUTIONS ELC

(Name of the Limited Liabi (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 12/6/2021	and assigned
Florida document number 4.21000514010		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
SILVA TAX SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Li	mited 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 ADD	ORESS)	23
		影し
Enter new mailing address, if applicable:		SSS 2 III
(Mailing address MAY BE A POST OFFICE BOX)		E.S.
		<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:		me of the new registered
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agenorisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	t and agree to act in this capacity. I further a complete performance of my duties, and I an agent as provided for in Chapter 605, F.S. O red office address, I hereby confirm that the i	r familiar with and r, if this document is

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>	Address	Type of Action
			□Remove
			□Change
			🗖 Add
			□Remove
			□Change
			□Add
		Remove	
			□Change
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			□Remove
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			□Change

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ffectiv	late if other than the date of filing: (Optional)
ote:	date, if other than the date of filing:
record Lis file	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated _	Tanuary. 25. 2023. Commission Seeline Section of a number of authorized representative of a member.
	V Character States
	1 mara caem
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00