

h22 0000 56183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

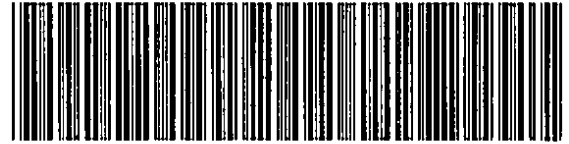
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2022 DEC -5 PM 12:22
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SILVER SQUARE CONSTRUCTION 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:

JUAN SILVESTRI

Name of Person

Firm/Company

Address

503 SUMMER GROVE LN

City/State and Zip Code

HAINES CITY, FL 33844

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

For further information concerning this matter, please call:

JUAN SILVESTRI

Name of Person

407 3079162
at ()
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**

SILVER SQUARE CONSTRUCTION LLC

(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 02/02/2022 and assigned
Florida document number L22000056183

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SILVER SQUARE RENOVATIONS LLC

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: JUAN SILVESTRI

New Registered Office Address: 503 SUMMER GROVE LN

Enter Florida street address

HAINES CITY

City

Florida 33844

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.

Juan Silvestri
If Changing Registered Agent, Signature of New Registered Agent

.. 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>
P	LUCIANO SILVESTRI		<input type="checkbox"/> Add
		2609 SUMMER CREEK DR KISSIMMEE, FL 34747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	JUAN SILVESTRI		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		503 SUMMER GROVE LN HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Change
VP	DAYANNA GRANADOS	503 SUMMER GROVE LN HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

REQUEST TO REMOVE THE PRESIDENT OF THE COMPANY THE PRESIDENT WAS CHANGED AND
A NEW MEMBER WAS ADDED. IN ADDITION, THE NAME OF THE COMPANY WAS CHANGED

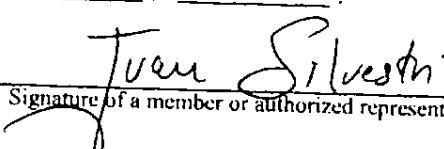
E. Effective date, if other than the date of filing: 11/20/2022

(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 NOVEMBER 21, 2022


Signature of a member or authorized representative of a member

JUAN SILVESTRI

Typed or printed name of signee