

L22 000 246 141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

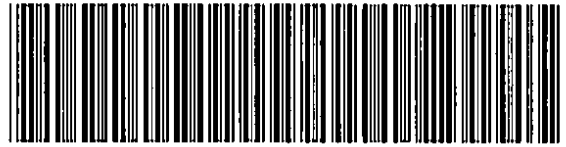
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600409888956

06/16/23--01001--014 \*\*25.00

2023 JUN 16 PM 12:32



2023 JUN 16 PM 12:32

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SILVA EMPIRE 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:

LUCIMAR V. MUSCH

\_\_\_\_\_  
Name of Person

LM ACCOUNTING & PAYROLL SERVICES LLC

\_\_\_\_\_  
Firm/Company

8382 BAYMEADOWS RD, SUITE 4

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32256

\_\_\_\_\_  
City/State and Zip Code

LMPAYROLL13@GMAIL.COM

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

For further information concerning this matter, please call:

LUCIMAR V. MUSCH

904

699-6634

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

SILVA EMPIRE 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 05/05/2023 and assigned  
Florida document number L22000246141.

This amendment is submitted to amend the following:

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

SILVA EMPIRE SERVICES 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:**

7740 PLANTATION BAY DRIVE, APT 1108

**(Principal office address MUST BE A STREET ADDRESS)**

JACKSONVILLE, FL 32244

**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:

LM ACCOUNTING & PAYROLL SERVICES LLC

New Registered Office Address:

8382 BAYMEADOWS RD, SUITE 4

Enter Florida street address

JACKSONVILLE

City

Florida 32244

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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]