

H230003646343
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : MRP BY WESTON INC
 Account Number : I20220000089
 Phone : (954)655-8412
 Fax Number : (954)655-8412

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

10/18 10/19 10/20 10/21 10/22 10/23 10/24 10/25 10/26 10/27 10/28 10/29 10/30 10/31

STATE OF FLORIDA
 DIVISION OF CORPORATIONS

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 SILXAV LLC**

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SILVIO 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:

SALINAS LITUMA, SILVIO X.

Name of Person

Firm/Company

1562 BARBERRY DRIVE

Address

KISSIMMEE, FL 34744

City/State and Zip Code

MELVASL@HOTMAIL.COM

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

For further information concerning this matter, please call:

MELVA SANCHEZ

954 655-8412

at ()

Daytime Telephone Number

Name of Person

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 32314STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SILXAV 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 02/10/2023 and assigned Florida document number L23000075061.

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: 1562 BARBERRY DRIVE KISSIMMEE, FL 34744

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1562 BARBERRY DRIVE KISSIMMEE, FL 34744

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:

SALINAS LITUMA, SILVIO X

New Registered Office Address:

1562 BARBERRY DRIVE

Enter Florida street address

KISSIMMEE

, Florida

34744

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCR = Manager
AMBR = Authorized Member

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

ADD LINES

FEI/EIN Number 35-2792786

E. Effective date, if other than the date of filing: _____ (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 OCTOBER 18

2023

Signature of a member or authorized representative of a member

SALINAS LITUMA, SILVIO X.

Typed or printed name of signee

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Filing Fee: \$25.00

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