

L23000136607

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 : 8AJ INC DBA MIGRATAX USA
Account Number : I20230000146
Phone : (305)978-2476
Fax Number : (305)631-2277

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SILVASELLER LLC

Certificate of Status	0
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SEP 27 AM 9:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SEP 23 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SILVASELLER 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:

ALEXANDER SILVA

Name of Person

SILVASELLER LLC

Firm/Company

10669 PEBBLE COVE LANE

Address

BOCA RATON, FL. 33498

City/State and Zip Code

SILVASELLEROFFICIAL@GMAIL.COM

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

For further information concerning this matter, please call:

ALEXANDER SILVA

Name of Person

at (305) 639-8363

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**

SILVASELLER 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 03-16-2023 and assigned
Florida document number: L23000136607

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:

New Registered Office Address:

16669 PEBBLE COVE LANE

Enter Florida street address

BOCA RATON

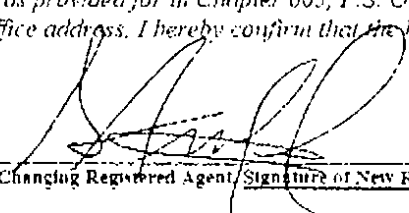
Florida 33493

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 603, 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>
AMBR	ALEXANDER SILVA	10669 PEBBLE COVE LANE	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		BOCA RATON, FL 33498	<input type="checkbox"/> Change
AMBR	GABRIEL SILVA	10669 PEBBLE COVE LANE	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		BOCA RATON, FL 33498	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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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.

Dated SEPTEMBER 26,

2023

Signature of a member or authorized representative of a member

ALEXANDER SILVA

Typed or printed name of signee

Filing Fee: \$25.00