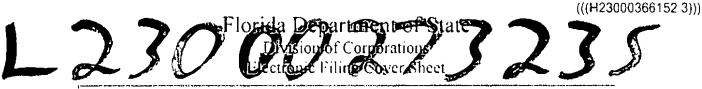
10/19/23, 2:45 PM

Division of Corporations



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(((H23000366152 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARCELL FELIPE, P.A.

Account Number : I20110000064 Phone : (305)381-8500 Fax Number : (305)675-2854

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

Email Address: frontdesk@marcelfelipe.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SILVESTRES TRADING LLC

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Help

(((H23000366152 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SILVESTRES TRADING LLC			
(Name of the Limit	ed Lighility Company as It no (A Florida Limited Liability Co	w appears on our records.) impany)	
The Articles of Organization for this Limited L Florida document number 1.23000273235	iability Company were file	d on <u>06/06/2023</u>	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability com	pany here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Compa	ny," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:		
(Principal office address MUST BE A STREE			•
			
			•
Enter new mailing address, if applicable:			
			ر
B. If amending the registered agent and/or agent and/or the new registered office addressed and/or the new Registered Agent:		on our records, <u>enter the</u>	name of the new registers
New Registered Office Address:	1200 Ponce de Leon Bly	d, Suite 703	
New Registered Chines Manness.	Enter Florida street ældress		
	Coral Gables	, Floric	da 33134 Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing			
I hereby accept the appointment as register provisions of all statutes relative to the proj accept the obligations of my position as reg heing filed to merely reflect a change in the company has been notified in writing of this	per and complete perform istered agent as provided registered office address change.	nance of my duties, and i I for in Chapter 605, F.S	I am familiar with and S. Or, if this document is the limited liability

From; Marcell Felipe Attorneys

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

Title	Name	Address	Type of Action
MGR	Sierra, Luis	1525 N PARK DRIVE SUITE 104	
		WESTON, FL 33326	≅Remove
			Change
			
		·	□Remove
			©Change
			□Add
			□Remove
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			Change

То:

Ifective date. If other than the date of filling: (optional) In effective date is listed, the date must be specific and earned be prior to date of filling or more than 90 days after filling.) Pursuant to 605.026 Otto date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed a recurrent's effective date on the Department of State's records. The 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 is filed. OCHOBER 19 ^{4h} 2023 Signature of a member or authorized representative of a member		g any other information, enter change(s) here: (Attoch additional sheets, if necessary.)
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