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To:
Division of Corporations

Fax Number : (850)617-6383

nom:

Account Name : SILVAS FINANCIAL SERVICES, L.t.C.
Account Number : I20020000100
Phone : (305)944-9755
Fax Number : (888)401-1914

From:

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

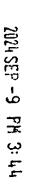
mail Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARIA 906 LLC

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2024-09-06 21:25.24 GMT

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From: Silvas Financial Services, LLC

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COVER LETTER

TO: Registration Se Division of Cor						
ARIA 906	LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing				
	ondence concerning this matter					
	AXELL CORVAIA					
		Name of Person				
	ARIA 906 LLC					
		Firm/Company				
	3300 W 108TH ST			S H	202	
Address			320 320 320 310 310 310 310 310 310 310 310 310 31	3S 1	Per a	
	HIALEAH, FL 33018			25	-0 1	[74.
	ACCOUNTING2@SILVA			Y OF S	2024 SEP -9 PM 3: LL	
For further information c	E-mail address: () oncerning this matter, please ca	to be used for future annual report notifica dl:	tion)	STATE	3: F.	``e.a
		at ()	elephone Number			
Name o	f Person	Area Cade Daytime 10	перионе хишьег			
Enclosed is a check for the	ne following amount:					
☐ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	S60.00 Filing Certificate of Certified Contaction of Conta	of Status & opy		
MailingAddres Registration 5 Division of C	Section	<u>StreetAddress:</u> Registration Section Division of Corpo				
P.O. Box 6327 The Centre of Tallahassee						

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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2024-09-06 21:25:24 GMT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18894011914

	ARIA 90				
(Name of the Lim	ted Liability Compa (A Florida Limited)	ny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited I Florida document number <u>L23000298564</u>	iability Company	were filed on 06/21/2021	3	and assign	ned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
GOLD FEATHER MANAGEMENT SOLUTION					
The new name must be distinguishable and contain the	words "Ermited Liabi	lity Company," the designatio	in "LLC" or the abbi	eviation "L.E.C	. ••
Enter new principal offices address, if appli	cable:			2024 SI	
(Principal office address MUST BE A STRE.	<u>ET ADDRESS)</u>			<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>' BOX)</u>			PK 3: 44 COF STATE COSEE, FI.	
B. If amending the registered agent and/or agent and/or the new registered office addresses		address on our records,	enter the name	of the new r	egisterec
Name of New Registered Agent:	N/A				
New Registered Office Address:					
te with the property of the pr		Later Florida stree	i culdress		
		. Florida			
		Сцу		Zip Cooe	
New Registered Agent's Signature, if changing	Registered Agent:				
Thereby accept the appointment as register provisions of all statutes relative to the project to	ner and complete	performance of my dut	ties, and Lam fa	miliar with c	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.

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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:

MGR = Manager AMBR = Authorized Member

Page: 5 of 6

Title	Name	Address	Type of Action
			
			□Remove
		<u> </u>	
			[]Remove
			> '
			□ Remove
			①Add
			□Remove
			□Change
			TAdd
			□Remove
			State

From: Silvas Financial Services, LLC

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if nece	ssery.)		
			
	SEC.	2024 	
	LC A	SEP	- 5-140 - 5-14
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	00 m	P	
	FAI	3: 1, 4	
		t -	
E. Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records	filing.) Pursuant t	o n05.02 e listed	07 (3)(b) as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) record is filed	The 90th day	after th	oc
Dated SEPTEMBER 6 2024			
Dated SEPTEMBER 6 2024 Axell Corvaia			
Signature of a member or authorized representative of a member		_	
AXELL CORVAIA			
Typed or printed name of signee		_	