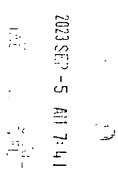
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## **COVER LETTER**

TO:			Ke	V-
, Cum ic	SALVA CO	ONSULTING SERVICES LLC		
SUBJE	.CI:	Name of Lim	ited Liability Company	
Division of Corporations  SALVA CONSULTING SERVICES LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filling.  Please return all correspondence concerning this matter to the following:  ELVIA R DE LUCA  Name of Person  SALVA CONSULTING SERVICES LLC  Finu/Company  7789 NW 114 PL  Address  DORAL, FL 33178  City/State and Zip Code elviadeluca@hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  EL VIA DE LUCA  Name of Person  Area Code  Duytime Telephone Number  Enclosed is a check for the following amount:  \$\Pi\$ \$25.00 Filing Fee  \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee. Certificate of Status & Certificate Copy  Certificate of Status & Certificate Copy  Certificate of Status & Certificate Copy  Certificate of Status & Certificate Copy				
Please i	return all correspo	indence concerning this matter	to the following:	
		ELVIA R DE LUCA		
	BIJECT:    SALVA CONSULTING SERVICES LLC   Name of Limited Liability Company			
		Address:  Carificate of Status & Certified Copy (additional copy is anchosed)  Address:  Corporations  V.A CONSULTING SERVICES LLC  Name of Limited Liability Company  Name of Person  SALVA CONSULTING SERVICES LLC  Firm/Company  7789 NW 114 PL  Address  DORAL, FL 33178  City/State and Zip Code elviadeluca@hotmail.com  E-mail address: (to be used for fitture annual report notification)  attion concerning this matter, please call:  A		
			Firm/Company	port notification)  1096  Daytime Telephone Number  \$60.00 Filing Fee. Certificate of Status & Certificate Copy (additional copy is enclosed)  Press: ion Section of Corporations re of Tallahassee
		7789 NW 114 PL		
			Address	
		DORAL, FL 33178	PRIVICES LLC  Name of Limited Liability Company  If fee(s) are submitted for filing.  Ing this matter to the following:  DE LUCA  Name of Person  DISSULTING SERVICES LLC  Firm/Company  14 PL  Address  . 33178  City/State and Zip Code  Schotmail.com  -mail address: (to be used for future annual report notification)  matter, please call:  at (A)  Area Code  Daytime Telephone Number  Dount:  ling Fee & Certified Copy (additional copy is enclosed)  Sirrect Address:  Registration Section Division of Corporations The Centre of Tallahassee	
		E-mail address: (	to be used for future annual report no	otification)
For furt	her information o	oncerning this matter, please ca	all:	
ELVIA	DE LUCA			
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>■ \$2</b> :	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
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	P.O. Box 632	27	The Centre of	Tallahassee
	Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SALVA CONSULTING SERVICES LLC		2023.970
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	2023 SEP -5 AM 7: L
The Articles of Organization for this Limited Liability Company	were filed on 8/17/2023	and assigned
Florida document number L23000388375		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability and Contain the words".	ity Company," the designation "LLC" or the	ne 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 a	ddress on our records, enter the i	name of the new registered
agent and/or the new registered office address here:	,	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	r:	
	City, Pionds	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	ee 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

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>	Address	Type of Action
MGR	ANTONIO DE LUCA	7520 NW 104 AVE SUITE A103-4111, DORAL, F	L 3 <b>■</b> Add
			□Remove
			□Change
MGR	ANTONIO R DE LUCA	7520 NW 104 AVE SUITE A103-4111, DORAL, F	
			Remove
			□Change
			□Add
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f an effective date is h Note: If the date in	ther than the date of fil sted, the date must be specific serted in this block does no e date on the Department of	and cannot be prior to t meet the applica	o date of filing or me	ore than 90 days after g requirements, thi	filing.) Pursuant to 60	)5.0207 () sted as tl
record specifies a d is filed.	lelayed effective date, but	not an effective tir	ne, at 12:01 a.m. c	on the earlier of: (b	) The 90th day aft	ter the
August 28		2023				
	Signature of	a member or autho	rized representative	of a member		
4 NUTO 5				<del></del>		
ANTON	IO DE LUCA		d name of signee			