

L23000418713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

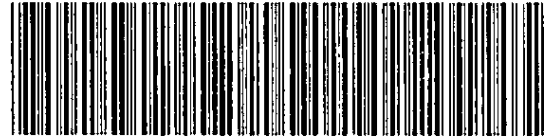
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



200414354292

RECEIVED  
CLERK OF SUPERIOR COURT  
DIVISION OF CONFESSION  
2023 SEP 11 PM 12:40

RECEIVED  
2023 SEP 11 PM 2:08

CLERK OF SUPERIOR COURT  
DIVISION OF CONFESSION  
FLORIDA

RECEIVED  
2023 SEP 11 PM 2:08  
08/11/23

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE:** 09/11/23

**NAME:** SILVA 11J COMMERCE & INVESTMENTS GROUP LLC

**TYPE OF FILING:** AMENDMENT

**COST:** 25.00

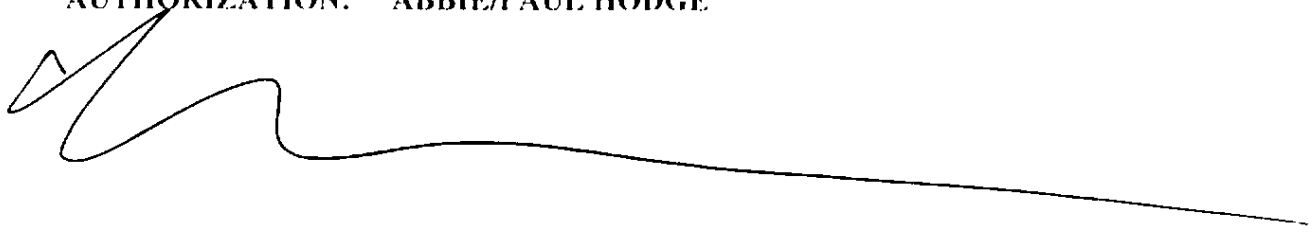
**RETURN:** PLAIN COPY PLEASE

2023 SEP 11 PM 12:40  
CLERK OF COURT  
DIVISION OF CORPORATIONS

---

**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE



---

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SILVA III COMMERCE & INVESTMENTS GROUP 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 09/08/2023 and assigned  
Florida document number L23000419713.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SILVA III COMMERCE & INVESTMENTS GROUP LLC

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)

13203 LONGAGRE DR

WINDERMERE FL 34786

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 SEP 11 PM 12:40

**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:

*Enter Florida street address*

 , **Florida**  

*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**

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> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

|       |       |       |                              |
|-------|-------|-------|------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
|-------|-------|-------|------------------------------|

|       |       |       |                                 |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
|-------|-------|-------|---------------------------------|

|       |       |       |                                 |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Change |
|-------|-------|-------|---------------------------------|

|       |       |       |                              |
|-------|-------|-------|------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
|-------|-------|-------|------------------------------|

|       |       |       |                                 |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
|-------|-------|-------|---------------------------------|

|       |       |       |                                 |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Change |
|-------|-------|-------|---------------------------------|

|       |       |       |                              |
|-------|-------|-------|------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
|-------|-------|-------|------------------------------|

|       |       |       |                                 |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
|-------|-------|-------|---------------------------------|

|       |       |       |                                 |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Change |
|-------|-------|-------|---------------------------------|

|       |       |       |                              |
|-------|-------|-------|------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
|-------|-------|-------|------------------------------|

|       |       |       |                                 |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
|-------|-------|-------|---------------------------------|

|       |       |       |                                 |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Change |
|-------|-------|-------|---------------------------------|

|       |       |       |                              |
|-------|-------|-------|------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
|-------|-------|-------|------------------------------|

|       |       |       |                                 |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
|-------|-------|-------|---------------------------------|

|       |       |       |                                 |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Change |
|-------|-------|-------|---------------------------------|

|       |       |       |                              |
|-------|-------|-------|------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
|-------|-------|-------|------------------------------|

|       |       |       |                                 |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
|-------|-------|-------|---------------------------------|

|       |       |       |                                 |
|-------|-------|-------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Change |
|-------|-------|-------|---------------------------------|

2023 SEP 11 PM 12:40  
STATE OF TEXAS  
DIVISION OF CORPORATION

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2023 SEP 11 PM 12:40

PLATE  
SECRETARY OF STATE  
DIVISION OF COMMERCE

(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.

Dated SEPTEMBER 11

2023

Rodolfo A. Silva Trincado  
Signature of a member or authorized representative of a member

RODRIGO A SILVA TRINCADO

Typed or printed name of signee

**Filing Fee: \$25.00**