

L23000472361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

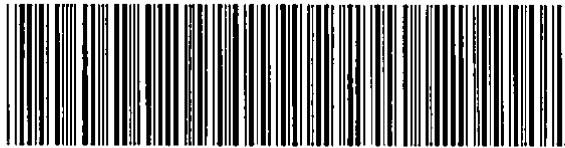
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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11/13/24--01009--019 **25.00

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TALLAHASSEE, FL

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COVER LETTER

Registration Section
Division of Corporations

SUBJECT: SILVA FLOORING GROUP LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIGUEL A TOLENTINO AMARO
Name of Person

SILVA FLOORING GROUP LLC
Firm/Company

3102 SUTTON DR
Address

ORLANDO, FL 32810
City/State and Zip Code

ANGELMARO.2411@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NESTO SILVA SESMAS at (_____) _____
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FL

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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**

EDEL FLOORING GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 10/13/2023 and assigned
Florida document number L23000472361.

This amendment is submitted to amend the following:

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

EVA FLOORING 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:

3102 SUTTON DR

Principal office address MUST BE A STREET ADDRESS

ORLANDO, FL 32810

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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:

MIGUEL A TOLENTINO AMARO

New Registered Office Address:

3102 SUTTON DR

Enter Florida street address

ORLANDO

City

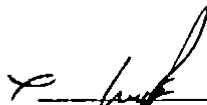
Florida

32810

Zip Code

By 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

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ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

GR = Manager

IBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
IBR	REYES TARIN, EDEL	530 CAMINO CT	<input type="checkbox"/> Add
		ALTAMONTE SPRINGS, FL 32701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
IBR	BRIANO MOLINA, JONATHAN	530 CAMINO CT	<input type="checkbox"/> Add
		ALTAMONTE SPRINGS, FL 32701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
IBR	SILVA SESMAS, ERNESTO	3102 SUTTON DR	<input type="checkbox"/> Add
		ORLANDO, FL 32810	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
IBR	TOLENTINO AMARO, MIGUEL	3102 SUTTON DR	<input type="checkbox"/> Add
		ORLANDO, FL 32810	<input checked="" type="checkbox"/> Remove
			<input checked="" 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

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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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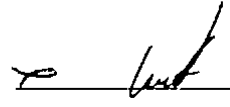
Effective date, if other than the date of filing: _____ (optional)

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.

Record 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 record is filed.

Dated OCTOBER 24, 2024



Signature of a member or authorized representative of a member

MIGUEL A TOLENTINO AMARO

Typed or printed name of signee