

Florida Department of State
Division of Corporations
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H240002200813ABCT

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

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

RECEIVED
FLORIDA DIVISION OF CORPORATIONS
JUN 26 2024 PM 2:47

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EUROLOGISTIC GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

M. SOLOMON

JUN 26 2024

((1124000220081 3)))

COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** EUROLOGISTIC GROUP LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

SUSANA ELENA CASANOVA DE CASAS

Name of Person

EUROLOGISTIC GROUP LLC

Firm/Company

601 BRICKELL KEY DR SUITE 700

Address

MIAMI, FL 33131

City/State and Zip Code

ACCOUNTING2@SILVASBOX.COM

E-mail address: (to be used for future annual report notification)

24 JUN 26 PM 2:47
SILVAS FINANCIAL SERVICES, LLC
REGISTRATION & STATE
CORPORATION
DIVISION
TALLAHASSEE, FL

For further information concerning this matter, please call:

Name of Personat ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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

EUROLOGISTIC 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 05/28/2024 and assigned Florida document number I24000242225.

This amendment is submitted to amend the following:

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

N/A

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)

901 BRICKELL AVE BLVD APT 204

MIAMI FL 33131

24 JUN 28 PM 2:17
SILVAS FINANCIAL SERVICES, LLC
FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

901 BRICKELL AVE BLVD APT 204

MIAMI FL 33131

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: N/A

New Registered Office Address: Enter Florida street address

City Florida 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

((112-100022008131))

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

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

SILVER, LEON S. 7159

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

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.

If the 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 JUNE 26 2024

2024

Susana Caranova

Signature of a member or authorized representative of a member

SUSANA CASANOVA

Typed or printed name of signee

Filing Fee: \$25.00