

(Requestor's Name)	
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11/18/24--01026--023 **25.00



COVER LETTER

	gistration Se rision of Cor			
	SILVER A	P LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		ADRIANA LOPES BARI	ROS MUNHOLI	
			Name of Person	
		PREMIUM CONSULTIN	G AND TAX SERVICES	
			Firm/Company	
		8803 FUTURES DRIVE S	SUITE 5B	
			Address	
		ORLANDO, FLORIDA,	32819	
			City/State and Zip Code	
		ADRIANA@PREMIUMT		
Par Combon :	Co		to be used for future annual report no	dification)
		oncerning this matter, please c		
ADRIANA	LOPES BAF	RROS MUNHOLI	321 236-0200 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne following amount:		
≅ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	niling Addres gistration S		Street Address: Registration S	ection
	-	forporations	Division of Co	
	O. Box 632		The Centre of	
l a	Hahassee, I	こし 32314	2413 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SILVER AP LLC				
(Name of the Limited	l Liability Compa A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number	bility Company	were filed on STATE	OF FLORIDA	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited liab	oility company here:		
N/A				
The new name must be distinguishable and contain the wo-	rds "Limited Liab	ility Company," the design	ation "LLC" or the abbrev	riation≅L.L.C."
Enter new principal offices address, if applica		N/A		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			7367 46-2 1717	-
			1.56 1.36 1.36	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
			· · · · · · · · · · · · · · · · · · ·	· თ
B. If amending the registered agent and/or registered office address		address on our recor	ds, <u>enter the name o</u>	f the new registe
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida s	reet 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

Title	<u>Name</u>	Address	Type of Action
MGR	C GALVAO NETO,ADALBERTO	13319 SW 42ND CIRCLE	⊟ Add
		OCALA, FL 34473, US	□Remove
			□Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			□Add
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ective date, if other than the	date of filing:		(optiona	il)
neffective date is listed, the date must te: If the date inserted in this blo	ck does not meet the applic	cable statutory filio	nore than 90 days after this	ng.) Pursuant to 603.020 ite will not be listed a
cument's effective date on the De	partment of State's records	5.		
cord specifies a delayed effective s filed.	date, but not an effective t	ime, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
y med.				
NOVEMBER 5	2024			
				
	Signature of a member or auth	JTAYY	+	

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Filing Fee: \$25.00