

L19000063296

(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



500406288645

STATE OF FLORIDA - FID #425.00

2023 APR 11 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

A. RIVERS

MAY 2 0 1 2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SILLS REAL ESTATE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Philip A. Scantlebury, MBA

Name of Person

Accounting and Computer Services, Inc.

Firm/Company

5401 AS, Kirkman Road, Suite 310

Address

Orlando, FL 32819

City, State and Zip Code

accnsrves@acespayroll.net

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

For further information concerning this matter, please call:

Philip Scantlebury

307 745-1714

Name of Person

Area Code

Daytime Telephone Number

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**

SILLS REAL ESTATE, 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 08/28/2019 and assigned Florida document number L19000063296.

This amendment is submitted to amend the following:

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

Giff Real Estate, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the 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 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:

Accounting and Computer Services, Inc

New Registered Office Address:

5401 S. Kirkman Road, Suite 310
Enter Florida street address

Orlando, Florida 32819
City

2023 APR 11 PM 3:48
SECRETARY OF STATE
FALL AVENUE
TALLAHASSEE, FLORIDA 32399-0400

FILED

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>
MGR	Sandra Sills	2037 Morning Star Drive	<input type="checkbox"/> Add
		Clermont, FL 34714-6892	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sandra Giff	2037 Morning Star Drive	<input checked="" type="checkbox"/> Add
		Clermont, FL 34714-6892	<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

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

E. 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)

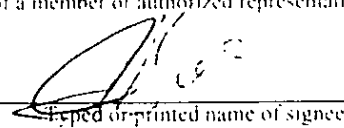
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 April 07, 2023

Signature of a member or authorized representative of a member

Philip A. Scantlebury, MBA



Typed or printed name of signee