

L19000132255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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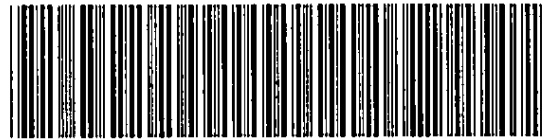
(Business Entity Name)

(Document Number)

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1. *Journal of the American Medical Association*, 1997; 277: 1033-1036.

EGROCAPS, LLC

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

BRAD FINK
Name of Person
Firm/Company
3649 FOSTER HILL DR N
Address
ST PETERSBURG, FL 33704
City/State and Zip Code
BRAD@BRADFINK.COM
E-mail address: (to be used for future annual report notification)

BRAD FINK at (314) 265-5411

Name of Person	Area Code	Daytime Telephone Number
BRAD FINK	314	265-5411

☒ \$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)

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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(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 MAY 16, 2019 and assigned Florida document number L19000132255.

This amendment is submitted to amend the following:

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

SILA CONSULTING, 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)

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:

New Registered Office Address:

Enter Florida street address

Florida

Cin.

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>
MGR	BRADLEY L FINK	3649 FOSTER HILL DRIVE N	☒ Add
		ST PETERSBURG, FL 33704	☐ Remove
			☐ Change
MGR	DAREDEVIL GROUP, INC.	3649 FOSTER HILL DRIVE N	☐ Add
		ST PETERSBURG, FL 33704	☒ Remove
			☐ Change
MGR	JDSS RAVEN PROPERTIES, LLC	3649 FOSTER HILL DRIVE N	☐ Add
		ST PETERSBURG, FL 33704	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

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 JANUARY 9, 2020

Billy J. F.
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00