#10500014362

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Na	me)
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3 MAY -3 PH 3: LE

K.SALY EXAMINER MAY - 6 2013

COVER/LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

SILANO INVESTMENT 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:

ALDO DISORBO/ GINA

Name of Person

SILANO INVESTMENT GROUP, LLC

Firm/Company

2000 N STATE ROAD 7

Address

MARGATE, FL 33063

City/State and Zip Code

ASSISTANT@MOVINGCOST.COM

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

For further information concerning this matter, please call:

GINA

_.954 958-2236

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 13 MAY -3 PH 3: 4

SILANO INVESTMENT GROUP, LLC

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Li	ability Compan	y were filed on 2/10/2005	and assigned
Florida document number L05000014362	 •		
This amendment is submitted to amend the folk	owi n g:		
A. If amending name, enter the new name of	the limited lia	bility company here:	
N/A			
The new name must be distinguishable and end wit 'L.L.C."	h the words "Lin	nited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
			<u> </u>
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/oregistered agent and/or the new registered of			ter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street	t address
			a
		Citv	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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
T	ANTHONY DISORBO	2000 N STATE 7	Add
		MARGATE, FL 33063	Remove
VP	ALDO DISORBO	2000 N STATE RD 7	
		MARGATE, FL 33063	Remove
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

<u>N/</u>	<u>A</u>
	
:d <u> </u>	14 3 A013.
	· / who
•	Signature of a member or authorized representative of a member
	ALDO DISORBO /
=	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00