

LOG000058577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

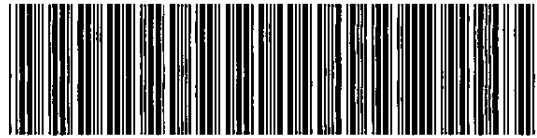
Special Instructions to Filing Officer:

L. SELLERS

JUN 23 2009

EXAMINER

Office Use Only



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06/22/09--01020--012 **25.00

FILED
09 JUN 22 AM 10:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Silliman Homes, 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:

Ladd H. Fassett, Esquire

Name of Person

Fassett, Anthony & Taylor, P.A.

Firm/Company

1325 W. Colonial Dr.

Address

Orlando, FL 32804

City/State and Zip Code

lfassett@fassettlaw.com

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

For further information concerning this matter, please call:

Ladd H. Fassett, Esquire

Name of Person

at (**407**)

872-0200

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

Silliman Homes, LLC

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SECRETARY OF STATE
TALLAHASSEE FLORIDA
Zip Code
agree to comply with

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Article V of Articles of Organization amended to reflect correct name of the
sole member and manager of the LLC as: William M. Silliman.

Dated June 18, 2009.

Signature of a member or authorized representative of a member
Ladd H. Fassett, Registered Agent

Typed or printed name of signee

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 TALLAHASSEE FLORIDA