## L09000058517

(Requestor's Name)	
(Address)	
(Address)	
(Addless)	
(City/State/Zip/Phone #)	
, , , , , , , , , , , , , , , , , , ,	
PICK-UP WAIT MA	v (1)
PICK-UP WAIT MA	\IL ;
	:
(D	<del></del>
(Business Entity Name)	ļ
(Document Number)	<del></del> .
(Boournent Number)	1
	i
Certified Copies Certificates of Status	
	ì

Special Instructions to Filing Officer:

L. SELLERS

JUN 28 2009

**EXAMINER** 

Office Use Only



700157456597

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

99 JUN 22 AM IO: 22

## **COVER LETTER**

TO:	Registration Section Division of Corporation				
SUBJECT: Silliman Homes, LLC					
Name of Limited Liability Company					
The enc	losed Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspond	ence concerning this matter	to the following:		
		La	dd H. Fassett, Esquire	<del></del>	
			Name of Person		
		Fasse	tt, Anthony & Taylor, P.A	<u>.                                    </u>	
			Firm/Company		
1325 W. Colonial Dr.					
			Address		
Orlando, FL 32804					
			City/State and Zip Code		
Ifassett@fassettlaw.com E-mail address: (to be used for future annual report notification)					
<b>n</b> 6 a				ourication)	
For furt	her information con	cerning this matter, please c	all:		
		assett, Esquire	at (_407_)	872-0200	
	Name of F	erson	Area Code & Day	time Telephone Number	
Enclose	d is a check for the	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)	
	Registrat Division	G ADDRESS: ion Section of Corporations	Registration Sec Division of Cor	porations	
	P.O. Box Tallahass	6327 ee, FL 32314	Clifton Building 2661 Executive		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Silliman Ho	mes, LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited L	iy as it now appea lability Company)	rs on our records.)	
,			
The Articles of Organization for this Limited Liability Company	were filed on	June 16, 2009	and assigned
Florida document numberL0900058577			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company he	re:	
,			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Comp	any," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, enter th	e name of the new
- og Doston ugano managar menangar nagaran sa			
Name of New Registered Agent:			
• •			
New Registered Office Address:		nter Florida street addre	32.
		<u> </u>	A S TI
<del></del>	City	, Florida 💆	Zip Ode
New Registered Agent's Signature, if changing Registered Agent:	•	יייה. רוז נינו	ुं ≩ाणा .
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree			
I hereby accept the appointment as registered agent and agree	ee to act in this c	capacity. I further agre	e-to comply with
the provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent as p			
being filed to merely reflect a change in the registered office			
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:

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add
			□ D
			Add Remove
	<del></del>		Add Remove
			CID omovo
D. If an	nending any other information, enter cha	onge(s) here: (Attach additional sheets, if i	necessary.)
	Article V of Articles of Organization sole member and manager of the	n amended to reflect correct name LLC as: William M. Silliman.	of the
<b>D</b>	June 18	2009	<b>09</b>
Dated _	Signature of a mem Ladd H	ber or authorized representative of a member. Fassett, Registered Agent ped or printed name of signee	FILEI JUN 22 AM CRETARY OF LAHASSEEF
	• • • • • • • • • • • • • • • • • • • •	Page 2 of 2	D: 22

Filing Fee: \$25.00