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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

Division of Corporations
SUBJECT: Silliman Realty Group LC.  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:
Charles Leroy Clark Name of Person
Silliman Realty Group LLC.
229 Pasadena Place
Orlando FL 32803  City/State and Zip Code  Clee Clark 81 @ gmail. com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Charles Clark at (407) 849-5025  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

. Silliman	Realty Grou	PLLC
( <u>Name of the Limited Lial</u> (A Flor	pility Company as it now appears ida Limited Liability Company)	ón our records.)
The Articles of Organization for this Limited Liabili	ity Company were filed on	1113 and assigned
Florida document number <u>L1300 00 171</u>	<u>34</u> .	Wision Section
This amendment is submitted to amend the followin	g:	SECRETARY INISION OF C
A. If amending name, enter the new name of the	limited liability company here:	PH 12:
The new name must be distinguishable and end with the	words "Limited Liability Company	NOT
"L.L.C."		The designation and the account of the second of the secon
Enter new principal offices address, if applicable	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	")	
B. If amending the registered agent and/or re registered agent and/or the new registered office:	egistered office address on ou address here:	r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
	City	, Florida Zip Code
	City	zip coue

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 Changing Registered Agent, Signature of New Registered Agent

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>		Address	Type of Action
Mgc	Charles Leroy Clark	229 Pasadena PL	Xdd
2		229 Pasadena PL Orlando FL 32803	Remove
			_
			L Add
			Remove
			SECRE TARY OF CONVISION OF CONV
			PHAZ: 22
			Add
			Remove
			- □
			Add
			Add
			Remove

D. 113	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
-	
	F 0 0 0 0 17
Dated	Feb 26 , 2013.
	Charles Follow
	Signature of a member or authorized representative of a member  Charles Le Roy Clark

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Filing Fee: \$25.00

SECRETARY OF STATE SECRETARY OF CORPORATIONS