

L14 0000

87059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

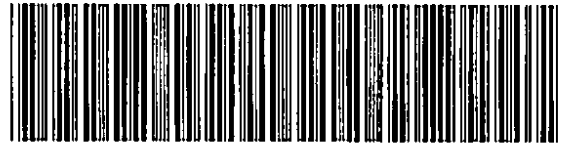
(Business Entity Name)

(Document Number)

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FILED  
2020 SEP 21 PM 6:11  
CLERK OF SUPERIOR COURT  
JULIA A. SEIF, CLERK

SEP 21 2020  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 14, 2020

BEN DVIR  
SISLOY, LLC  
601 NE 36TH STREET #1310  
MIAMI, FL 33137

SUBJECT: SISLOY LLC  
Ref. Number: L14000087059

We have received your document for SISLOY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

LIALY LLC - L18000113809

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 720A00015403

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sisloy, 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:

Ben Dvir

\_\_\_\_\_  
Name of Person

Sisloy, LLC

\_\_\_\_\_  
Firm/Company

601 NE 36th Street, #1310

\_\_\_\_\_  
Address

Miami, FL 33137

\_\_\_\_\_  
City/State and Zip Code

ben@silkmusa.com

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

For further information concerning this matter, please call:

Ben Dvir

305

335-9492

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Address:

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Sisloy, LLC

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

FILED  
2020 SEP 21 PM 6:11  
CLERK OF SUPERIOR COURT  
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 22, 2014 and assigned  
Florida document number L14000087059

This amendment is submitted to amend the following:

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

**sisloray 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

City, Florida 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>
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\_\_\_\_\_ ☐ Add

[Remove](#)

\_\_\_\_\_ ☐ Change

\_\_\_\_\_ ☐ Add

[Remove this item](#)

\_\_\_\_\_ ☐ Change

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[Remove](#)

\_\_\_\_\_ ☐ Change

\_\_\_\_\_ ☐ Add

\_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Change

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

[illegible]

E. Effective date, if other than the date of filing: June 1, 2020 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
 Note: If the date inserted in this block does not meet the deadline for filing, the filing is late.

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 17 2020

~~Signature of a member or authorized representative of a member~~

Ben Dvir

Typed or printed name of signee

**Filing Fee: \$25.00**