

L16000003717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

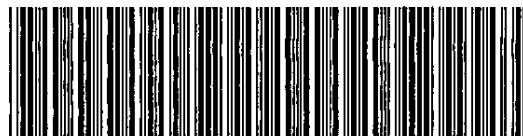
(Business Entity Name)

(Document Number)

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APR 26 2017
S. YOUNG

FILED
17 MAR 30 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 MAR 30 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2017

BLAKE SILLIMAN
250 CONGRESS PARK DRIVE APT 120
DELRAY BEACH, FL 33445

SUBJECT: SILLIMAN HOLDING LLC
Ref. Number: L16000003717

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 APR 24 PM 12:04

RECEIVED

We have received your document for SILLIMAN HOLDING 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.

SILLIMAN AND CO., INC - V39184

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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 417A00006210

17 MAR 30 PM 3:36

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Silliman Holding 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:

Blake silliman

Name of Person

Firm/Company

250 congress park dr apt 120

Address

Delray Beach, FL 33445

City/State and Zip Code

bsilliman5@gmail.com

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

For further information concerning this matter, please call:

Blake Silliman

305 414-3434

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR 30 PM 2:31
17 MAR 30 PM 3:36

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Silliman Holding LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/06/2016 and assigned
Florida document number L16000003717.

This amendment is submitted to amend the following:

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

~~Silliman & Co LLC~~

Correction
Silliman Consulting 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

_____, **Florida** _____
City 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA
17 MAR 30 PM 3:36

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TALLAHASSEE, FLORIDA
MAR 30 1963
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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.

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member 3/17/2017

Signature of a member or authorized representative of a member

Typed or printed name of signee