

L16 0000016627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

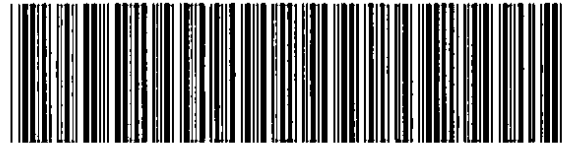
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. CHATHAM

SEP 30 2022

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 JUL - 1 PM 3:25

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SILO ENTERPRISE, 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:

FERNANDO SILVA

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

SKYTRUST ENTERPRISE, LLC

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

123 NW 13TH ST #214-12

\_\_\_\_\_  
Address

BOCA RATON, FL 33432

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

FERNANDO@SKYTRUSTENTERPRISE.COM

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

For further information concerning this matter, please call:

FERNANDO SILVA

561

463-2557

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

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JUL 22 1 3:25 PM

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>
AMBR	JOAO E. LETTE DE OLIVEIRA	4510 BANYAN TRAILS DR	<input type="checkbox"/> Add
		COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2022

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DIVISION OF REGISTRATION  
22 JUL - 1 PM 3: 25

(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)

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 24TH, 2022

Luca Condino Sign

Signature of a member or authorized representative of a member

LUCAS CORDEIRO

Typed or printed name of signee

**Filing Fee: \$25.00**