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S. CHATHAM

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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

UBJECT:	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return all corresp	ondence concerning this matter	to the following:	
	FERNANDO SILVA		
		Name of Person	
	SKYTRUST ENTERPRIS	SE, LLC	
		Firm/Company	
	123 NW 13TH ST #214-1	2	
	-	Address	
	BOCA RATN, FL 33432		
		City/State and Zip Code	
	FERNANDO@SKYTRUS		
	E-mail address: (to be used for future annual report noti	ification)
or further information of	concerning this matter, please c	all:	
FERNANDO SILVA		561 463-2557	
Name o	of Person	at () Area Code Daytim	ne Telephone Number
Supposed is a about for t	No Call and an annual		
Enclosed is a check for t	-	—	
■ \$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 Addre Registration		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SILO ENTERPRISE, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{01/2}{2}$. Florida document number $\frac{1.16000016627}{2}$.	3/2016 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company her	<u>e</u> :	
	2;	
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	ignation "LLC" or the abbreviation	_
Enter new principal offices address, if applicable:	1 01	<u>~</u>
(Principal office address MUST BE A STREET ADDRESS)		Ē
	□	_
Enter new mailing address, if applicable:	TIONS 25	_
(Mailing address MAY BE A POST OFFICE BOX)		_
		_
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:	ords, enter the name of the new regist	<u>ered</u>
Name of New Registered Agent:		_
New Registered Office Address:		
Enter Flora	a street address	_
	Florida Zip Code	_
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 coprovisions of all statutes relative to the proper and complete performance of a accept the obligations of my position as registered agent as provided for in Ci	y duties, and I am familiar with and	

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	Type of Action
AMBR	JOAO E. LEITE DE OLIVEIRA	4510 BANYAN TRAILS DR	
		COCONUT CREEK, FL 33073	■Remove
			□Change
·			OIVISION OF CHARLES
			PRINCE STATE CORRUPTIONS
			_
			□ Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
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f an effective date is listed, the date mu	date of filing: If the specific and cannot be prior to date of filing or more that ook does not meet the applicable statutory filing requestrement of State's records.	an 90 days after filing.) Pursuant to 605.0207 ($ar{z}$
e record specifies a delayed effectived is filed.	e date, but not an effective time, at 12:01 a.m. on the	e earlier of: (b) The 90th day after the
	2022	
Dated	3023	
Dated Lucas Cond	Signature of a member or authorized representative of a n	

Filing Fee: \$25.00