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21 OCT -4 PM 3:11

**Elizabeth Silleck  
Silleck Consulting Services, LLC**

7432 Swartburg Road  
North Port, FL 34291  
914-391-4250  
[Silleck.elizabeth@gmail.com](mailto:Silleck.elizabeth@gmail.com)

September 30, 2021

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Change of Registered Agent TITLE ONLY for Silleck Consulting  
Services, LLC, FL Doc # L21000347960, incorporated 8/2/21**

Dear Agent:

Please see the attached amendment form and check for \$25 for the associated fee, for Silleck Consulting Services, LLC, a single-member LLC. I was advised by my bank that in order to open a business account, I must change my registered agent title from "CEO" to "MGR".

Will you please make this change ASAP? Please reach out to me at [Silleck.elizabeth@gmail.com](mailto:Silleck.elizabeth@gmail.com) or 914-391-4250 if you have any questions.

Thank you for your help.



---

Elizabeth Silleck

w/encs.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Silleck Consulting Services, 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:

Elizabeth Silleck

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

Silleck Consulting Services, LLC

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

7432 Swartburg Road

\_\_\_\_\_  
Address

North Port, FL 34291

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

silleck.elizabeth@gmail.com

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

For further information concerning this matter, please call:

Elizabeth Silleck

914

391-4250

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**

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Silleck Consulting Services, 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 08/02/2021 and assigned  
Florida document number L21000347960.

This amendment is submitted to amend the following:

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

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:**

<u>Name of New Registered Agent:</u>	<u>Elizabeth Silleck</u>
<u>New Registered Office Address:</u>	<u>7432 Swartburg Road</u> <i>Enter Florida street address</i>
	<u>North Port</u> , <u>Florida</u> <u>34291</u> <i>City Zip Code</i>

**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 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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Elizabeth Silleck	7432 Swartburg Road	<input type="checkbox"/> Add
		North Port, FL 34291	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

The ONLY amendment requested is to change the title of the registered agent from "CEO" to "MGR" in order to comply with banking regulations.

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(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 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

September 30, 2021

Signature of a member or authorized representative of a member

Elizabeth Silbeck

Typed or printed name of signee