121000 4979

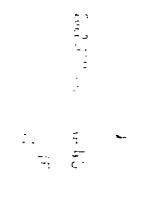
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600379250746

01/13/22--01018--002 *+25.00



A. BUTLER
JAN 23 2022

COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Summer Brigette Lopez
	SIOPE LC Firm/Company
	11879 SW 93 [and
	Miami FL 33(86) City/State and Zip Code
	Summer briggette lopez & yahco.com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
<u>S</u>	Ummly b lopez at 186 252 - 3668. Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
X 52	5.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Silo	one LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears or rida Limited Liability Company)	nour records.)	l, j
The Articles of Organization for this Limited Liability Florida document number <u>L 2 1000 49</u>	y Company were filed on	11./18/202	i and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company here	;	
The new name must be distinguishable and contain the words "I	limited Liability Company," the design	gnation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	 		
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ords, <u>enter the name o</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	i street address	
		, Florida	
_	City	I WIIGA	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 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>	Address	Type of Action
MGR	Summer Blopez	11879 SW 92 la	<u>\V</u> □∧dd
	·	MIAMI FL 3318	
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
			□Add
			Remove
			Change
			🗀 Add
			□Remove

	Please	also	add	<u>mu</u>	EIN	NUMber
	- -			J	#87	NUMber -36,43893
		····	 .			
				<u>.</u>		
						
	· ,				<u>, , , , , , , , , , , , , , , , , , , </u>	
						•
tive	date, if other tha	on the date of fi	lina:			(optional)
lecti	ve date is listed, the da	ate must be specific	and cannot be pri			days after filing.) Pursuant to the linests, this date will not be li
	's effective date on				ry ming requiren	icits. ans date will not be
rd s _i iled,		ffective date, but	not an effective	time, at 12:0	I a.m. on the ear	lier of: (b) The 90th day a
l						
		\subseteq		Ω		
		7	1 400 0 34 0	18)~	1014	
		Signature o	Ta member or au	thorized repres	entative of a ment	er