

L73000 442017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

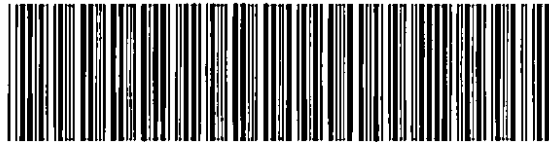
(Document Number)

Certified Copies _____

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2023 NOV - 1 PM 12:40
DIVISION OF CORPORATIONS
STATE OF FLORIDA

RECEIVED
2023 NOV - 1 PM 3:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

R. HUNT

11/01/23

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau

850.656.7953

REQUEST DATE 11/1/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1190512

ORDER ENTITY

SIL CAPITAL LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

SIL CAPITAL LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

11/01/2023
11:10 AM
VISION OF CORP OF FLA
2023 NOV - 1 PM 12:40

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

SIL CAPITAL 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 September 22, 2023 and assigned
Florida document number 123000442417.

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:

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>
MGR	Simyon Loshak	1160 Kane Concourse	<input type="checkbox"/> Add
		Suite 305	<input checked="" type="checkbox"/> Remove
		Bay Harbor Islands, FL 33154	<input type="checkbox"/> Change
MGR	Irina Loshak	1160 Kane Concourse	<input type="checkbox"/> Add
		Suite 305	<input checked="" type="checkbox"/> Remove
		Bay Harbor Islands, FL 33154	<input type="checkbox"/> Change
MGR	Simyon Loshak 2022 Irrevocable Trust	1160 Kane Concourse	<input checked="" type="checkbox"/> Add
		Suite 305	<input type="checkbox"/> Remove
		Bay Harbor Islands, FL 33154	<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

2023 NOV - PM 2:40
DIVISION OF CORRECTIONS
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(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.

/s/ Simyon Loshak

Signature of a member or authorized representative of a member

Simyon Loshak

Typed or printed name of signee

Filing Fee: \$25.00