

11/15/23, 10:05 AM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L230004167683

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To:  
 Division of Corporations  
 Fax Number : (850)617-6383

From:  
 Account Name : LEGALZOOM.COM INC.  
 Account Number : I20010000062  
 Phone : (323)962-8600  
 Fax Number : (323)389-0502

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SIES LLC**

|                       |         |
|-----------------------|---------|
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Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

NOV 16 2023



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIES 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 10/11/2023 and assigned Florida document number L23000467683

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 "LLC."

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

City, Florida 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          | SALAMA, ARIE E       |   | <input type="checkbox"/> Add               |
|              |                      | 501 GOLDEN ISLES DR STE 205<br>HALLANDALE BEACH, FL 33009 | <input checked="" type="checkbox"/> Remove |
|              |                      |   | <input type="checkbox"/> Change            |
| MGR          | Arie Eskenazi Salama | 501 Golden Isles Dr Ste 205<br>Hallandale, Florida 33009  | <input checked="" type="checkbox"/> Add    |
|              |                      |   | <input type="checkbox"/> Remove            |
|              |                      |   | <input type="checkbox"/> Change            |
|              |                      |   | <input type="checkbox"/> Add               |
|              |                      |   | <input type="checkbox"/> Remove            |
|              |                      |   | <input type="checkbox"/> Change            |
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|              |                      |   | <input type="checkbox"/> Add               |
|              |                      |   | <input type="checkbox"/> Remove            |
|              |                      |   | <input type="checkbox"/> Change            |

