P180000 17215

		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Silo Investment Gr	oup Inc			
DOCUMENT NUMBER: P18000017215					
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	pondence concerning this mat	tter to the following:			
:	Silvia Bridget Lopez				
_		Name of Contact Person	1		
:	Silo Investment Group Inc				
- -		Firm/ Company			
•	961 SW 151 Place				
-		Address			
1	Miami, FL 33194				
-		City/ State and Zip Code	2		
Silvial	BridgetRealEstate@gmail.coi	m			
		sed for future annual report	notification)		
	2 (1111)	,	•		
For further information	concerning this matter, pleas	se call:			
Silvia Bridget Lopez		at (<u>305</u>	525-5882		
Name of Contact Person		at (305) 525-5882 Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section		Street Address Amendment Section			
Division of Corporations		Division of Corporations			
	Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 E	xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Silo Investment Group Inc				
(Name of Corporat	ion as currently file	d with the Florida D	ept. of State)	
P18000017215				
(Docur	ment Number of Cor	poration (if known)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this <i>Flori</i>	ida Profit Corporation	n adopts the followin	g amendment(s)
A. If amending name, enter the new name of the c	orporation:			
SBL favestments Inc.				The new
name must be distinguishable and contain the wo. "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o, " "Inc." or "Co".	A professional corp		bbreviation
B. Enter new principal office address, if applicable	N.	I/A	ــ	
Principal office address MUST BE A STREET AD	<u>DRESS</u>)		F. C.	
				n
	_			
			355	77
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0X) N	I/A		교 기
Britaining datasess MATT BE AT TOST OF TREE DE				ف
			<u></u>	
			¥*'	-
	_			
). If amending the registered agent and/or registe		n Florida, enter the	name of the	
new registered agent and/or the new registered	onice adoress:			
Name of New Registered Agent N/A				
	(Florida street ad	ddress)		-
N. D 100			171 a mi al a	
New Registered Office Address:	(City		, Florida (Zip :	Code)
	•		•	
New Registered Agent's Signature, if changing Re	gistered Agent:			
hereby accept the appointment as registered agent.		and accept the obligat	ions of the position.	
				_
Sim	nature of New Regis.	tered Agent, if changi	110	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	2	
X Remove	<u>v</u>	Mike Jon	nes	
X Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change		_		- 14 50
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	•
- <u>-</u> -	
F. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	
	·

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
2/5/201 Dated	INDV	_
selo	a director, president or other officer – if directors or officers have not been ected; by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)	
	Silvia Bridget Lopez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	