# L0800000 7354

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2013 JUL -1 PM 3: 49

SECRETARY OF STATE

JUL - 2 2013 J. BRYAN

### **COVER LETTER**

TO.	Registration Section
	Division of Corporations

CINKA, 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:

Daniel J. Serber

Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street, Suite 801

Address

Aventura, FL 33180

City/State and Zip Code

info@serberlawfirm.com

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

For further information concerning this matter, please call:

# Danilo Jimenez

305 932-6262

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CINKA, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our recomited Liability Company)	rds.)
(.1.1 10/1/11)	mad manny company)	
The Articles of Organization for this Limited Liability Co.	mpany were filed on 01/22/2008	and assigned
Florida document number L08000007354	<u>-</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
		•
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	ALES 33
		755 -
Enter new mailing address, if applicable:	_	HO B
(Mailing address MAY BE A POST OFFICE BOX)		700
		ORIGINAL TO THE REPORT OF THE PROPERTY OF THE
<b>.</b>		51
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		enter the name of the new
	<del>va 1</del>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reet address
	, Flo	rida
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Type of Action **Title** <u>Name</u> **Address** 7660 SW 83 COURT CHULMIR, RICARDO **MGRM** MIAMI, FL 33143 7660 SW 83 COURT CHULMIR, LILIANA **MGRM** MIAMI, FL 33143 2875 NE 191st Street, Suite 801 MGR S & A Company Management, LLC Aventura, FL. 33180 Remove  $\Lambda dd$ Remove Remove Remove

). If amending any other informa	tion, enter change(s) here: (Attach additional sheets, if necessary.)
The state of the s	
June 27th	2013
Sig	nature of a member or authorized representative of a member
Daniel J. Serbe	er - Authorized representative of the members
	Tringd at printed party of surger

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE