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D. BRUCE.
DEC 2 2 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SENSini 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:
James Sensin Name of Person Sensini LLC" Firm/Company 1/06 E Hwy 44 Address Inverses Flata: 34450 City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tames Sensini at (36) 209 9479 5 5 Name of Person at (36) 209 9479 5 5 Area Code & Daytime Telephone Number.
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Certificate of Status}\$\$\text{S55.00 Filing Fee & 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SENSINT'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 101,18,03 and assigned Florida document number 40300045277 O31118140847-000247 57636#/ 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 end with the words "Limited Liability Company," the designation "LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1 Ver ness F. 34450
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) To Ver Ne S 5 F 1, 3445 6 B. If amending the registered agent and/or registered office address on our records, enter the name of the ne
registered agent and/or the new registered office address here:
Name of New Registered Agent: James Sensmi New Registered Office Address: 1106 East Hwy 44
Enter Florida street address Twee S , Florida 34450 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 Title <u>Name</u> **Address Type of Action** William Sen Sini 0.5HNA W SterKel Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00