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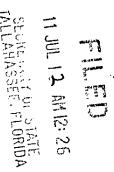
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B. BOSTICK

DUL 1 3 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations 3
SUBJECT: Singil Records 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:
Mardoche Dumaine Name of Person
Sinai Regius Firm/Company
539 w melose circle
fort landerdale fl 33312 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Mardoche Dunaine at (954) 854-899 Name of Person City/State and Zip Code Area Code & Daytime Telephone Number 100 10
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(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**

Sinail Record	AS, LLC	
(Name of the Limited Liability	Company as it now appears on our records.) imited Liability Company)	
(A Florida L	imited Liability Company)	
	ompany were filed on 12/21/2005 and assigned	
Florida document number <u>L05000 12 1544</u>		
	 '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
_		
Sinai negius, L. L.	ds "Limited Liability Company," the designation "LLC" or the abbreviation	
"L.L.C."	is "Limited Liability Company," the designation "LLC" or the appreviation	
<i>E.E.</i> 0.		
Enter new principal offices address, if applicable:	539 W Me/OSE CICLE	
(Principal office address MUST BE A STREET ADDR	539 W melose circle Fort Landerdale Fl 33312	
11. House to Control of the Control		
	No.	
Enter new mailing address, if applicable:	Marie P i way	
(Mailing address MAY BE A POST OFFICE BOX)	TO R	
(Mutting undress MATI BEATTOUR OF THEE BOAY		
	ered office address on our records, enter the name of the new	
registered agent and/or the new registered office addr	ess here:	
	(- ()	
Name of New Registered Agent:	dido che Dumaine	
5.7	29 1/ M-100 Civala	
New Registered Office Address:	Maicle Che Dumaine 539 W Melos e Circ Le Enter Florida street address Fort audloale , Florida	
Enter Florida street address		
fort	- audbolak Florida 533/7	
<u></u>	City Zip Code	
New Registered Agent's Signature, if changing Registered		
THE MICEISTELEN WEERL & DIRHATMIC! II CHAUSIUS MESISTELEN	<u>uerm</u>	

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 Address Type of Action** <u>Name</u> ☐ Add Remove Remove \prod 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 Mardo che Dumaine Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00