

L07000108131

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H17000122981 3)))



H17000122981 3ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : KRAMER & RASSNER PA  
Account Number : I20140000021  
Phone : (305)270-8876  
Fax Number : (305)270-0849

**\*\*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  
SI-RIN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

2017 MAY -4 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDASECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 MAY -4 AM 11:18

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

S Warren

MAY - 5 2017

H17000122981 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SI-RIN, 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 October 24, 2007 and assigned  
Florida document number L07000108131

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 "L.L.C."

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:

Wayne H. Rassner

New Registered Office Address:

7700 N. Kendall Drive, Suite 509

*Enter Florida street address*

Miami

Florida 33156

*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 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.*

Wayne H. Rassner  
**Changing Registered Agent, Signature of New Registered Agent**

Page 1 of 3

H17000122981 3

FILED  
17 MAY 16 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H17000122981 3

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>
MGRM	Sinad Nedtranon	13740 SW 73 Avenue	<input type="checkbox"/> Add
		Miami, FL 33158	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Kulnadda Nedtranon	13440 SW 120 Street, Suite 604	<input checked="" type="checkbox"/> Add
		Miami, FL 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 MAY 76 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H17000122981 3

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

05-04-17 14:08 FROM-