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TALLAHASSEE, FLORIDA

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T. CLINE
JAN 20 2010
EXAMINER

40-2673

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: SinVistacreation.com, 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:

Kayode Agunbiade, CPA's
Name of Person

Kayode Agunbiade & Co., CPA's
Firm/Company

134 Evergreen Place (8th Floor)
Address

East Orange, New Jersey 07018
City/State and Zip Code

Kayodecpa@optonline.net
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Kayode Agunbiade, CPA at (973) 676-9851 ext. 103
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
NA	NA	NA	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NA

Dated January 14, 2010

Salim T. Nurudeen
Signature of a member or authorized representative of a member

Salim T. Nurudeen
Typed or printed name of signee