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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **CINTIF, 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:

GUSTAVO J. RUSSO

Name of Person

CINTIF, LLC

Firm/Company

17501 BISCAYNE BLVD. #400

Address

AVENTURA, FL 33160

City/State and Zip Code

jalfiqaccounting@bellsouth.net

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

For further information concerning this matter, please call:

GUSTAVO J. RUSSO

Name of Person

305 944-3200

at ()

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CINTIF, 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 09/03/2010 and assigned
Florida document number L10000093028.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

17501 BISCAYNE BLVD.

SUITE #400

AVENTURA, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17501 BISCAYNE BLVD.

SUITE #400

AVENTURA, FL 33160

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:

GUSTAVO J. RUSSO

New Registered Office Address:

17501 BISCAYNE BLVD. #400

Enter Florida street address

AVENTURA

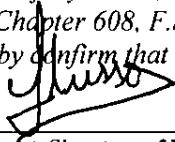
City

, Florida 33160

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CINDY RUSSO	17501 BISCAYNE BLVD.	<input checked="" type="checkbox"/> Add
		SUITE #400	<input type="checkbox"/> Remove
		AVENTURA, FL 33160	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

CLERK OF DISTRICT COURT
JANUARY 16 PM 2:01
TALLAHASSEE, FLORIDA

2013 SEP 16 PM 2:01

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

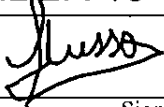
Article VIII: Management Percentages

Gustavo Russo: 34% of Ownership

Roxana Gitman: 33% of Ownership

Cindy Russo: 33% of Ownership

Dated SEPTEMBER 13, 2013



Signature of a member or authorized representative of a member

GUSTAVO J. RUSSO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA