

L11000026562

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.

((H13000231294 3)))



H130002312943ABCZ

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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FILED
13 OCT 18 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****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
SINTRA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

66942
re-fax
10/18/13

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 21 2013

T. BROWN



October 18, 2013

FLORIDA DEPARTMENT OF STATE
Division of CorporationsSINTRA, LLC
111 GABLES BLVD
WESTON, FL 33326SUBJECT: SINTRA, LLC
REF: L11000026562

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 225-6051.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H13000231294
Letter Number: 613A00024385

RECEIVED

13 OCT 18 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

4

H13000231294

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SINTRA, LLC

(Name of the Limited Liability Company as shown appears on our records)
(If the name is different, please provide the correct name)

The Articles of Organization for this Limited Liability Company were filed on 05/02/2011 and our
Florida filer's number L1500026562

This amendment is submitted to amend the following:

I. If amending name, enter the new name of the limited liability company here:

The new name must be changeable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."

Enter new principal office address, if applicable:

0195 COLLINS AVENUE

~~Principal office address MUST BE A STREET ADDRESS~~

UNIT 414

MIAMI BEACH, FLORIDA 33154

Enter new mailing address, if applicable:

0195 COLLINS AVENUE

~~Mailing address MUST BE A POST OFFICE BOX~~

UNIT 414

MIAMI BEACH, FLORIDA 33154

II. 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:

MADEIRA, ANA MARIA

New Registered Office Address:

0195 COLLINS AVENUE, UNIT 414

Enter Florida street address

MIAMI BEACH

Florida 33154

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 609, F.S. Or, if this document is
being filed to amend or 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)

FILED
13 OCT 18 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H13000231294

If attending the Meeting or Managing Member, please provide the name and address of each Managing Member. If a Managing Member has been removed from the company, please indicate.

Managing Member
Name

Name	Address	Type of Action
WORM	MADEIRA, ANA MARIA	9155 COLLINS AVENUE UNIT 414
		MIAMI BEACH, FL 33154

		☒ Add
		☐ Remove
		☐ Add
		☐ Remove
		☐ Add
		☐ Remove
		☐ Add
		☐ Remove
		☐ Add
		☐ Remove

H13000231294

0. (Including any other information, such as change of name, address, etc., if applicable.)

Date October 16 2013

X Coff

Signature of a member or authorized representative of a member

MADEIRA, ANA MARIA MORM

Type of filled in field

Page 3 of 3

H13000231294