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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of C	Corporations	•		
SIGNOF SUBJECT:	RINA, LLC	•	•	
SUBJECT.	Name of Lin	nited Liability Company		
The anclosed Articles	of Amendment and fee(s) are sub	and for Elia		
The chelosed Afficies	or Americanetic and ree(s) are suc	minued for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	Lynn Mallak			
		Name of Person		
	Signorina, LLC			
		Firm/Company		
	1344 S Apollo Blvd, Suite	400		
		Address		
	Melbourne, FL 32901			
		City/State and Zip Code	<u> </u>	
	LMallak@SpaceCoastProfe	essionalProperties.com		
	E-mail address: (to be used for future annual report not	ification)	
For further information	r concerning this matter, please c	all:		
Lynn Mallak		321 723-4891		
Name	of Person		ne 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 Addi		Street Address:		
Registration		Registration Se		
Division of Corporations P.O. Boy 6327		Division of Corporations The Centre of Tallahassas		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIGNORINA, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records. mited Liability Company))
The Articles of Organization for this Limited Liability Com	pany were filed on December 4, 2012	and assigned
Florida document number L12000151158		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l 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 ADDRES	<u> </u>	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	ie name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
·	, Flor	ida
	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 hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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>	Type of Action
MGR	Micah Deligdish	11161 Hawk Hollow	■ Add
		Lake Worth, FL 33449	_
			□Change
			□ Remove
			□Change
			Remove
			□ Change
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			Change
			□ Add
			□Remove
			□Change

rective date, if other than the date of filing: optional) neffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 teg: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. eccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. Signature of a member or authorized representative of a member.				 		 	<u> </u>	
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