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## **COVER LETTER**

TO:	Registration Secti Division of Corpo	•••	<b>建的自治</b> 。	्राध्यमस्य	4
SUBJ	ECT:	SIGINO, LLC			
0000		Name of Lim	ited Liability C	ompany	
The en	nclosed Articles of An	nendment and fee(s) are sub	mitted for fili	ng.	
Please	return all correspond	ence concerning this matter	to the followi	uē:	
		PEDRO A. BLANCO, ES	Q.		
			Name o	f Person	
		LAW OFFICES OF PETE	R A. BLANC	O, P.A.	
			Fim/C	ompany	<del></del>
		8585 SUNSET DRIVE, S	UITE 105		
			Add	ress	
		MIAMI, FLORIDA 33143	}		
			City/State ar	nd Zip Code	
		PAB@PABLAWPA.COM			
	•	E-mail address: (	to be used for f	uture annual report not	ification)
For fu	rther information con-	cerning this matter, please c	all:		
PEDRO A. BLANCO, ESQ.				305 271-6963	
	Name of Po	erson	Are	a Code Daytin	ne Telephone Number
Enclos	sed is a check for the (	following amount:			
<b>□</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certifi	Filing Fee & ed Copy nal 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SI	GINO, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears nited Liability Company)	on our records.)	
he Articles of Organization for this Limited Liability Com	pany were filed on	7/5/2013	and assigned
lorida document numberL13000096371			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	l liability company her	<u>·e</u> :	
N/A			
he new name must be distinguishable and contain the words "Limited	Liability Company," the des	signation "LLC" or th	
Inter new principal offices address, if applicable:		N/A	9
Principal office address MUST BE A STREET ADDRES	<u> </u>		第 第 至
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inter new mailing address, if applicable:		N/A	9 9
Mailing address MAY BE A POST OFFICE BOX)			Ş =
i. If amending the registered agent and/or registere egistered agent and/or the new registered office address		our records, <u>ent</u>	ter the name of the
Name of New Registered Agent:		N/A	
New Registered Office Address:		N/A	
	Enter Florid	la street address	
		Florida	
	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.

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>	Name	<u>Address</u>	Type of Action
MGR	DELGADO, ALEJANDRO	1776 POLK STREET, APT 513 HOLLYWOOD, FL 33020	Add
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ctive dat	e, if other than the da	te of filing:				(optional)	
effective date: If the d	ate is listed, the date must be late inserted in this block	specific and ca does not mee	nnot be prior to t the applicabl	date of filing of e statutory fi	r more than 90 da ling requiremer	ys after filing.) its, this date w	Pursuant to 60: All not be list
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