L140000627B1

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Ві | ısiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| то: | Registration Sec Division of Corp | | | | |
|--------------|--------------------------------------|---|---|---|--|
| CUD II | SINALIND | USTRIAL, LLC | | | |
| SUBJ | | Name of Limi | ted Liability Company | | |
| • | • | | | | |
| The en | iclosed Articles of | Amendment and fee(s) are subr | mitted for filing. | | |
| Please | return all correspon | ndence concerning this matter t | to the following: | | |
| | | Lennis M. Maldoando | | | |
| | | | Name of Person | | |
| | | | Eiro/Company | | |
| | | Firm/Company | | | |
| | | 8840 NW 111th Avenue ur | nit #1905 | | |
| | | Address | | | |
| | | Doral, FL 33178 | | | |
| | | City/State and Zip Code maldonadolennis@gmail.com | | | |
| | | | to be used for future annual report notific | cation) | |
| For fu | rther information c | oncerning this matter, please ca | ali: | | |
| Lenni | s M. Maldonado | | 786 218-3881 | | |
| | Name o | f Person | Area Code Daytime | Telephone Number | |
| Enclo | sed is a check for th | he following amount: | £ . £ | | |
| ■ \$2 | 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| · SINAI INDUSTRIAL, LLC | | | |
|---|--|---|--------------------|
| (Name of the Lim | ited Liability Company as (A Florida Limited Liabilit | it now appears on our records.) y Company) | |
| The Articles of Organization for this Limited I | Liability Company were | filed on APRIL 17 2014 | and assigned |
| This amendment is submitted to amend the fol | lowing: | | 79 |
| A. If amending name, enter the new name of | of the limited liability o | ompany nere. | accessed. |
| The new name must be distinguishable and contain the | words "Limited Liability Co | mpany," the designation "LLC" or the a | bbleviation-L.C." |
| Enter new principal offices address, if appli | cable: | · · · · | |
| Principal office address MUST BE A STRE | -112 | 1.17 | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE | <u> </u> | | |
| | | | |
| B. If amending the registered agent and registered agent and/or the new registered of | | address on our records, <u>enter</u> | the name of the ne |
| Name of New Registered Agent: | FEYIS DAPPO | | |
| New Registered Office Address: | 2020 NW 129th Ave | nue suite # 205 | |
| | - · · · · · · · · · · · · · · · · · · · | Enter Florida street address | |
| | Miami | Florida ³ | 3182 |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zıp Code

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 | FEYIS DAPPO | 2020 NW 129th Avenue suite #205 | ■ Add |
| | | Miami, FL 33182 | ☐ Remove |
| | | | Change |
| MGR | LOUISSANA DAPPO | 2020 NW 129th Avenue suite #205 | |
| | | Miami, FL 33182 | ■ Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | DAdd |
| | | | Remove |
| | | | ☐ Change |
| | | | |
| | | | ☐ Remove |
| | | | Change Add |
| | | | ☐ Remove |
| | | | ☐ Change |

| | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note | ve date, if other than the date of filing: [Optional] (optional) (optional) |
| ne r Th | ord specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier α |
| Date | July 23 , 2015 |
| | Signature of a member or abdorized representative of a member |
| | |

Page 3 of 3

Filing Fee: \$25.00