L15000011356

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

	egistration Sec division of Corp			
SUBJECT	SINDA, LLO	C.		
SUBJECT	·	Name of Limi	ted Liability Company	
The enclos	sed Articles of A	smendment and fee(s) are subn	mitted for filing.	
Please rett	irn all correspon	dence concerning this matter t	to the following:	
		Sheng Liang Jiang		
		<u> </u>	Name of Person	<u></u>
		SINDA, LLC.		
			Firm/Company	
		4102 L B MCLEOD ROAL	D	
			Address	
		ORLANDO, FL 32811		
			City/State and Zip Code	
		lezhenxu@ymail.com		
		E-mail address: (t	o be used for future annual report notific:	ution)
For furthe	r information co	ncerning this matter, please ca	ıll:	
Sheng Lia	ing Jiang		407 2686666 at ()	
	Name of	Person	at () Area Code Daytime T	elephone Number
Enclosed i	s a check for the	e 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

7010 APR 25 PH

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SINDA, LLC.

(Name of the Limited Liability Company as it now appears on our records.)

	(A 1 torida Eminted Enablity	Company /	ं
The Articles of Organization for this Limited L Florida document number L15000011355		iled on 1/20/2015	and assigned C
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability co	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable: 4102	L B MCLEOD ROAD, OR	LANDO, FL 32811
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	/or registered office ac	ddress on our records,	enter the name of the ne
	Sheng Liang Jiang		
Name of New Registered Agent:			
New Registered Office Address:	4102 L B MCLEOD R	OAD, Enter Florida street address	
		Timer r tortest street timeress	
	ORLANDO	Flami	ida 32811

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.

shens lians Jians

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>	Address	Type of Action
MGR	GU, BIN		
		4102 L B MCLEOD ROAD ORLANDO, FL 32811	■ Remove
			Change
MGR JIANG, SHEN	JIANG, SHENG LIANG	4102 L B MCLEOD ROAD ORLANDO, FL 32811	_ <mark>=</mark> Add
			Remove
			Change
			Add
			Remove
		Change	
			Add
		Remove	
		Change	
		Remove	
			Change
			Remove
			Change

. If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effectiv	we date, if other than the date of filing: 5-1, 3-0, 19 (optional)
Note:	ctive 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 605.0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	Signature of a member or authorized representative of a member 29
	Signature of a member or authorized representative of a member
	BIN GU
	Typed or printed name of signee 55
	D 2 62

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Filing Fee: \$25.00