

L15000026105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

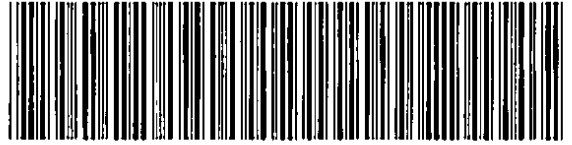
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

OCT - 5 2022
J. HORNE

Office Use Only



800395228858

FILED
2022 OCT -4 PM 4:18
FALL RIVER, MA

FILED
2022 OCT -4 AM 10:01
SECRETARY OF STATE
FALL RIVER, MA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from account: 120210000160 Amount: paid \$25.00

Authorization Signature *James L. Lee*
SIENEMA Ventures, LLC L15000026105
Business Name Document #

Walk in _____ Pick up time _____

_____ Mail out _____ Will wait

_____ Photocopy

_____ Certified Copy (s) of Articles of Organization

_____ Certificate of Status

NEW FILINGS

_____ Profit
_____ Not for Profit
_____ Limited Liability
_____ Domestication
_____ Other
_____ **CORP**
_____ LLLP

AMMENDMENTS

X Amendment
_____ Resignation of R.A. Officer/Director
_____ Change of Registered Agent
_____ Revocation of Dissolution
_____ Merger
_____ **Conversion**
_____ Articles of Conversion
_____ Resignation

OTHER FILINGS

_____ Annual Report
_____ Fictitious Name
_____ ARTICLES OF CORRECTION

REGISTRATION/QUALIFICATIONS

_____ Foreign filing
_____ Limited Partnership
_____ Reinstatement

_____ APOSTIL () _____ Other
Country

EXAMINER'S INITIALS: _____

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Authorization Signature *James Feller*
SIENEMA Ventures, LLC L15000026105
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EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations
SIENEMA VENTURES, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Di Pietro, Esq.

Name of Person

Di Pietro Partners, PLLC

Firm/Company

901 East Las Olas Blvd, Suite 202

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

service@ddpalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Di Pietro 954 712-3070

Name of Person at ()
Area Code Daytime 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 OCT -4 AM 9:59

Siinema Ventures LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 02/11/2015 and assigned
Florida document number L15000026105.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited 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 ADDRESS)

Sophie Siinema

1630 East Las Olas Blvd.

Fort Lauderdale, FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Sophie Siinema

1630 East Las Olas Blvd.

Fort Lauderdale, FL 33301

B. 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:

Sophie Siinema

New Registered Office Address:

1630 East Las Olas Blvd.

Enter Florida street address

Fort Lauderdale

Florida


33301

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|--|---|
| MGR | Sophie Sienema | 1630 East Las Olas Blvd. Fort Lauderdale, FL 33301 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |
| MGR | Craig Sienema | 401 E. Las Olas Blvd., #130-356 Fort Lauderdale, FL 33301 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |

[illegible]

(If an effective 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)

Dated October 4 2022



Sophie Siemema

Typed or printed name of signee

Filing Fee: \$25.00