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COVER LETTER

	tration Section ion of Corporations			
SUBJECT: _	Cinestro Communit	ited Liability Company	És LLC	
The enclosed A	Articles of Amendment and fee(s) are sub	mitted for filing.		Me 2
Please return a	Il correspondence concerning this matter	to the following:	THE STATE OF THE S	
		Michael Saviana Name of Person	· · · · · · · · · · · · · · · · · · ·	PAIN SO
		nertee Communities		LL C
	/019	79th St. S. ————————————————————————————————	Sl.	
	michael e o	St. Petersburg Fl City/State and Zip Gode cornerstane communities to be used for luture annual report not	33767 \$. CO (diffication)	(not com)
For further inf	ormation concerning this matter, please co	all:		
N	Name of Person	at (305) 304 Area Code Daytin	1 6255 ne Telephone Number	-
Enclosed is a c	theck for the following amount:			
1 \$25.00 Fill	ing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of \$ Certified Copy (additional copy is	tatus &

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

TO ARTICLES OF ORGANIZATION OF

(CINESTONE			ents LLC	
(;vaine	of the Limited Liability (A Florida Li	Company as it now appears omited Liability Company)	on our records.)	;
ne Articles of Organization for this	Limited Liability Con	ipany were filed on	9-23-15	and assigned
orida document numberL15_00				
nis amendment is submitted to ame	nd the following:			
. If amending name, enter the ne	w name of the limite	d liability company here	::	700 20
ne new name must be distinguishable and	contain the words "Limited	Liability Company," the desi	gnation "LLC" or the a	bhreviation L.L.G.
nter new principal offices addres	s, if applicable:			
Principal office address MUST BE	A STREET ADDRE	<u> </u>		
	icable:			
nter new mailing address, if appl Mailing address MAY BE A POST				
	<u>OFFICE BOX)</u> gent and/or register		our records, <u>enter</u>	the name of the no
Mailing address MAY BE A POST . If amending the registered a	OFFICE BOX) gent and/or register gistered office addres	s here:		the name of the no
Aailing address MAY BE A POST . If amending the registered a egistered agent and/or the new re	OFFICE BOX) gent and/or register gistered office addres	shere: Michael 1019 79th	Saviaño St. S.	the name of the no
Aailing address MAY BE A POST If amending the registered a egistered agent and/or the new registered A	OFFICE BOX) gent and/or register gistered office addres gent: lress:	shere: Michael 1019 79th	Savi an o St. S.	23.70.7

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

, or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Michael Saviano	1019 79th St. S. A. Retusburg	d Add
			🗆 Remove
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•		
	tive date, if other than the date of filing: $4/1/20(9)$ (optional)	
E. Effec	ctive date, if other than the date of filing: 4/1/20(9 (optional)) 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 605.03	207 (37/h)
Note:	Effective date is listed, the date must be specific and cannot be prior to date of fining of thore than 90 days after fining.) I usuam to 605.00.	as the
	ment's effective date on the Department of State's records.	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	of:
	e 90th day after the record is filed.	
	0/-	
Dated	d 8/19 . 19	
	Signature of a member or authorized representative of a member	
	NA 1 1	
	Michael Saviano Typed or printed name of signee	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

PAID