

L17000029530

Florida Department of State
Division of Corporations
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To:

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Fax Number : (850)617-6383

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Account Name : ALRON ENTERPRISES, INC.
Account Number : I20000000113
Phone : (321)951-7626
Fax Number : (321)723-8218

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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SECRETARY OF STATE
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TINA SINCLAIR PROPERTIES LLC

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COVER LETTER

TO: REGISTRATION SECTION
DIVISION OF CORPORATIONS

SUBJECT: TINA SINCLAIR PROPERTIES LLC
DOCUMENT NUMBER: L17000029530

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jenni Johnson
Alron Corps, Inc.
3990 Minton Rd
Melbourne, FL 32904

Email address to be used for future annual report notification: **sinclairtina@gmail.com**

For further information concerning this matter, please call:

Jenni Johnson at 321-951-7626

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION OF**

Tina Sinclair Properties LLC

Document ID: L17000029530

Articles of Organization File Date: February 1, 2017

Pursuant to the provision of section 605.0202, Florida Statutes, this Florida limited liability company adopts the following articles of amendment to its articles of organization:

This Amendment is submitted to Amend the following:

- A: If amending name, enter the new name of the limited liability company:
Tina Sinclair LLC

Enter new principal office address, if applicable: N/A

Enter new mailing address, if applicable: N/A

- B: If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered agent office address:

Name of New Registered Agent: N/A

New Registered Agent Office Address: N/A

New Registered Agent's Signature:

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.

Signature of New Registered Agent, if changing

- C: If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

1.) ☐ change Name: N/A Title: N/A
 ☐ add Address: N/A
 ☐ remove

2.) ☐ change Name: Title:
 ☐ add Address:
 ☐ remove

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D: If amending any other information or adding additional Articles, enter here:

N/A

E: Effective Date, if other than the date of filing: upon filing

(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this August 6, 2019

Signature



Tina M. Sinclair, Managing-Member

FILED
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TALLAHASSEE, FLORIDA

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