

L17000059886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

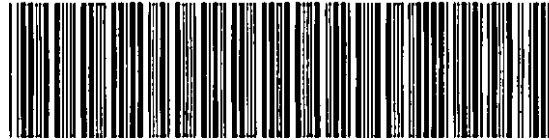
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
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20 OCT 23 PM 3:45

Amend/Name Change

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D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CYMSA LLC

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:

ROBINSON J. LEIVA

Name of Person

CYMSA LLC

Firm/Company

5577 BOCA GLADES BLVD W UNIT D

Address

BOCA RATON, FL 33434

City/State and Zip Code

LEIVASFEIR@GMAIL.COM

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

For further information concerning this matter, please call:

ROBINSON J. LEIVA 954 9805970

Name of Person at () Daytime Telephone Number
Area Code

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

20 OCT 22 PM 3:45
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

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

CYNISA LLC

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

The Articles of Organization for this Limited Liability Company were filed on MARCH 15TH, 2017 and assigned
Florida document number L17000059886.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ALQUINTA LLC

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____
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

FILED
MAR 16 2017
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

| Title | Name | Address | Type of Action |
|-------|-----------------|---------------------------------|---|
| MGR | JAVIER E. LEIVA | 8577 BOCA GLADES BLVD. W UNIT D | <input checked="" type="checkbox"/> Add |
| | | BOCA RATON, FL 33434 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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[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 MARCH 15TH

2020

Signature of a member or authorized representative of a member

ROBINSON J. LEIVA

Typed or printed name of signee

Filing Fee: \$25.00