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| (Requestor's Name) | |
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| PICK-UP WAIT | MAIL |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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DIVISION OF COST OCCUPIONS

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COVER LETTER

| Division of Ço | rporations | | |
|-----------------------------|--|---|--|
| SUBJECT: | CINIK, LLC | | |
| | | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Cynthia Zubak | | |
| | | Name of Person | |
| | CINIK, LLC | Firm/Company | |
| | 4321 Palm Tre | , , | |
| | | Address | |
| | Cape Coral FL | . 33904 City/State and Zip Code | |
| | cindyzuak@g | mail.com to be used for future annual report not | ification |
| For further information c | oncerning this matter, please ca | | incation, |
| Cynhia Zubak | | at (<u>319</u>) 493- | |
| Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for the | ne 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) |
| | | | |

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CINIK, LLC | C | | |
|--|----------------------------|----------------------------|-----------------------|
| (<u>Name of the Limited Liability</u> (A Florida I | Limited Liability Company) | rs on our_records.) | |
| The Articles of Organization for this Limited Liability Co | ompany were filed on | 03/22/2017 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, <u>enter the new name of the limit</u> | ed liability company h | ere: | |
| the new name must be distinguishable and contain the words "Limit | ed Liability Company," the | designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | 17 JE 17 1 |
| Principal office address MUST BE A STREET ADDRI | <u></u> | | 9 70 |
| Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u> | | | PH 5: 04 |
| 3. If amending the registered agent and/or registoregistered agent and/or the new registered office address. | | n our records, <u>ente</u> | r the name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| - | Enter Flo | rida 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

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 | Laura L Wolfe | 1624 Coronado Rd Fort Myers FL 3390 | 1 🗷 Add |
| | | | □ Remove |
| | | | Change |
| AMBR | Nicholas R Zubak, Jr | | 🗆 Add |
| | | | 🗖 Remove |
| | | 4321 Palm Tree Blvd Cape Coral FL 3390 | 4 ☑ Change |
| | | | Add |
| | | | 🗀 Remove |
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| . Effec | tive date, if other than the date of filing: |
| Note: | if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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: |
| o) Th | e 90th day after the record is filed. |
| Dated | i July 19 2017 |
| | 06/1/06/10 |
| | Signature of a member or authorized representative of a member |
| | The state of the s |
| | Nicholas R Zubak, Jr |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00