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## COVER LETTER

Division of Co			
SUBJECT:			
SONJECT:	Name of Li	mited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all correspond	ondence concerning this matte	r to the following:	
	PEDRO VERDUGA		
		Name of Person	
		Firm/Company	
16410 STONEHAVEN RD			
		Address	
	MIAMI LAKES, FL 330	14	
	•	City/State and Zip Code	
	RAFAEL.CARLOT@KM		
	E-mail address:	(to be used for future annual report notil	ication)
For further information c	oncerning this matter, please c	rall:	
PEDRO VERDUGA		863 669-7907 at ()	
Name o	f Person	at ()	: Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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, Ft. 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

SINESTELLC			
(Name of the Lit	nited Liability C (A Florida Lir	ompany as it now appears on our routed Liability Company)	cords.)
The Articles of Organization for this Limited Florida document number 1.17000223458		pany were filed on 10/27/2017	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, <u>enter the new name</u>	of the limited	liability company here:	
ARROW CONNECTION 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:		N/A	
(Principal office address MUST BE A STRE	ET ADDRES.	<u>s)</u>	
		<del></del>	
Enter new mailing address, if applicable:		N/A	2-
(Mailing address MAY BE A POST OFFICE BOX)			ne.
	<del></del>		Çn.
			ž:
3. If amending the registered agent and			ords, enter the name of the
registered agent and/or the new registered of	ottice address	<u>nere</u> :	64
Name of New Registered Agent:	N/A	····	
New Registered Office Address:	N/A		
		Enter Florida street ad	dress
		,	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 Anthorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
N/A	N/A	N/A 	
		-18-57-7-1-1-1	
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tive date, if other than the date of filing:	or over the Ot down the Olive Shreenest to 605 (1202-62)
If the date inserted in this block does not meet the applicable statutory	filing requirements, this date will not be listed as the
nent's effective date on the Department of State's records.	•
cord specifies a delayed effective date, but not an effective 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier of:
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11/10/17	
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Signature of a member or authorized representa	uive of a member
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Page 3 of 3

Filing Fee: \$25.00