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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Cor	porations		
Sheevook l	LLC		
SUBJECT:		<u> </u>	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Todd Fisch		
		Name of Person	
		Firm/Company	
	2557 Montelaire Circle		
	Weston, FL 33327	Address	
		City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	ill:	
Todd Fisch		305 240-6000	
Name o	i Person	at () Area Code Daytime	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)
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Mailing Address:

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)			
The Articles of Organization for this Limited Liability Company were filed of Florida document number 1.2000034089	on and assign			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability compan	ny here:			
Tinook 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)	De il			
Printing data ess sizer DEACT OFF OFFICE POST				
B. If amending the registered agent and/or registered office address on one agent and/or the new registered office address here:	our records, <u>enter the name of the new r</u>			
Name of New Registered Agent:				
New Registered Office Address:				
Eme	Emer 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

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>	Name	Address	Type of Action
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