## L20000392783

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2/9/21 SAD

## **COVER LETTER**

CINDA Subje <b>c</b> t:	CAP,LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	GINA PHILIPPE		
		Name of Person	<del></del>
	CINDA CAP, LLC		
	<del></del>	Firm/Company	
	3718 SPRING LAND DR		
		Address	<del></del>
	ORLANDO		
		City/State and Zip Code	<del></del> _
	FL 32818	to be used for future annual report notif	(feation)
For further information	on concerning this matter, please ca		redicti)
GINA PHILIPPE		305 587-6074	
Nan	ne of Person	Area Code Daytime	e Telephone Number
Enclosed is a check fo	or 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)
<u>Mailing Ado</u> Registratio		Street Address: Registration Sec	ction

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

**Division of Corporations** 

TO:

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

CINDA CAP, LLC	
(Name of the Limited Liability Com (A Florida Limite	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L20000392783</u> .	pany were filed on 12/16/2020 and assigne
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	liability company here:
The new name must be distinguishable and contain the words "Limited Li	.iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	202
(Principal office address MUST BE A STREET ADDRESS)	
	<del></del>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<del>်</del> ()
	ice address on our records enter the name of the new re-
B. If amending the registered agent and/or registered office	ice anniess on our records, enter the name or the new ref
0 0 0	ice address on our records, enter the name of the new re
0 0 0	enter the name of the new re
agent and/or the new registered office address here:	Enter Florida street address

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>	<u>Address</u>	Type of Action
CEO	GINA PHILIPPE	3718 SPRING LAND DR	□Add
		ORLANDO, FL 32818	■Remove
			□ Change
MGR	GINA PHILIPPE	3718 SPRING LAND DR	<b>≣</b> ∧dd
		ORLANDO, FL 32818	□Remove
			□Change
			Remove
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			□Remove
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fective date, if other than an effective date is listed, the date ote: If the date inserted in the ocument's effective date on the	s block does not meet th	e applicable statuto	ng or more than 90 days a ry filing requirements.	<b>ptional)</b> after filing.) Pursuant to 605.020 this date will not be listed a
record specifies a delayed efferis filed.	ctive date, but not an eff	ective time, at 12:0	1 a.m. on the earlier of	: (b) The 90th day after the
12/29 ated	202	0		
4		~~~		
<del></del>	Signature of a member	or authorized society	entative of a manhar	