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	(Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
	(Business Entity Name)	
	(Business Littly Name)	
	(Document Number)	
Certified Copies	_ Certificates of S	Status
Special Instructions to	Filing Officer:	
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C/10/5/2022

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:_____

Please use funds from account: 120210000160 A	
Authorization Signature SIENEMA HOLDINGS, LLC L1500	0026105
Business Name	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (s) of Articles of Organizat	ion
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP LLLP	XAmendmentResignation of R.A. Officer/DirectorChange of Registered AgentRevocation of DissolutionMergerConversionArticles of ConversionResignation
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual ReportFictitious NameARTICLES OF CORRECTION	Foreign filing Limited Partnership Reinstatement
APOSTIL ()	Other

COVER LETTER

Division of Cor	porations		
SIENEMA I	HOLDINGS, LLC		
SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	David Di Pietro, Esq.		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Di Pietro Partners, PLLC		
		FirmvCompany	
	901 Fast Las Olas Blvd, Si	, ,	
		Address	 _
	Fort Lauderdale, FL 33301		
	service@ddpalaw.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	lification)
For further information co	ncerning this matter, please c	all:	
David Di Pietro	·	954 712-3070	
		at ()	
Name of	Person	Area Code Daytin	ne Telephone Number
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	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Moiling Address		Camara A.J.A	

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 001 -4 PH 1:03

SIENEMA HOLDINGS, LLC				
(Name of the Lin	nited Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Florida document number	Liability Company	y were filed on	3/2021 and assigned	
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company her	<u>c</u> :	
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the des	ignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Sophie Sienema		
		1630 East Las Olas Blvd.		
		Fort Lauderdale, F	1.33301	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Sophic Sienema		
		1630 East Las Olas Blvd.		
		Fort Lauderdale, FL 33301		
B. If amending the registered agent and/or agent and/or the new registered office addr	ess here:		ords, <u>enter the name of the new registere</u>	
Name of New Registered Agent:	Sophie Sienema	it		
New Registered Office Address:	1630 Fast Las (Dlas Blvd.		
 -		Enter Florida street address		
	Fort Lauderdale		, Florida 33301	
		City	Zin 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	Sophic Sienema	1630 East Las Olas Blvd.	
			X^dd
		Fort Lauderdale, FL 33301	
			Change
MGR	Craig Sienema	401 E. Las Olas Blvd., #130-356	
		Fort Lauderdale, FL 33301	
			Remove
			Change
			DAdd
			□Remove
			☐Change
			□Add
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			□Remove
			Change

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ective date, if other than the d	late of filing:			(optiona	1)
reffective date is listed, the date must I	he specific and cannot			i 90 days after filin	g.) Pursuant to 605.02
te: If the date inserted in this bloc cument's effective date on the Dep	ck does not meet the partment of State's i	e applicable sta records.	tutory filing requ	rements, this dat	e will not be listed:
,					
cord specifies a delayed effective	date, but not an effe	ective time, at	12:01 a.m. on the	earlier of (b) 1	he 90th day after th
s filed.				•••••••••••••••••••••••••••••••••••••••	the your day after the
Öctober 4	2022	,			
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	ignature of a member		· · · · · · · · · · · · · · · · · · ·	<u> </u>	