K21 600 322866

(Re	equestor's Name)	
(Ac	idress)	<u> </u>
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
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COVER LETTER

Division of Cor			
SUBJECT:	Sinufe	2 LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u></u>	lia Fernand	<u> </u>
		Name of Person	
		Firm/Company	
	3315 NW	0175T MIGMI	• •
		Address	
	mic	City/State and Zin Code	147
		Character and Zip Cide	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Silra F	Fernandez	70/2 600	- 3060
	f Person	at (<u>17)(</u>) 40 7	e Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)

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**

(A Florida Limited Liabi	lity Company)
The Articles of Organization for this Limited Liability Company wer	e filed on JUN 15, 2021 and assigned
Florida document number <u>L 2 10003 22808</u>	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," 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) B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, <u>enter the name of the new registered</u>
_	237
Name of New Registered Agent: Silia	Fernandez 19
New Registered Office Address: 33 (Enter Florida street address
$-\omega$	City Slorida Sign Code
New Registered Agent's Signature, if changing Registered Agent:	်ကြား

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
MGR	Silia Fernandee	3315 NW 97Th ST MIAMI, FL 33147	
			Ճ Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
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			□Remove
		<u> </u>	Change
			_ □Add
			🗆 Remove
			□Change

). If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	I need to correct the Authorized
<u> </u>	ersons nome to mar
	Silia Fernandez.
	95 of now I have name Silvia
+	Fernandez which is my incorrect
\sim	Cime.
_1_1	
 -	
(If an effective d Note: If the	date, if other than the date of filing:
the record speci ford is filed.	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	20/30/2021
_	Signature of a member or authorized representative of a member
_	Silia Ferrandot Typed or printed name of signee