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## COVER LETTER

TO: Registration Section **Division of Corporations** SIN MALDY NO AHY PERREO LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Pierre Hachar, Jr., Esq. Name of Person The Hachar Law Group Firm/Company 8100 Oak Lane, STE 401 Address Miami Lakes, FL 33016 City/State and Zip Code pierre@hachargroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Pierre Hachar, Jr., Esq. 305 2001308 Name of Person Davtime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & S55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

SIN MALDY NO AHY PERREO LLC		P. 3
(Name of the Limited L. (A F	ability Company as it now appears on our lorida Limited Liability Company)	records.)  SS - I E D and assigned
The Articles of Organization for this Limited Liabili Florida document number L21000346119	ity Company were filed on	PHICAL PH
This amendment is submitted to amend the following	g:	₩-
A. If amending name, enter the new name of the	limited liability company here:	
Sin Maldy No Hay Perreo 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	<b>:</b>	
(Principal office address MUST BE A STREET AL	D D D D D D D	
Enter new mailing address, if applicable:	. <del>.</del>	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our records, re:	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		Florida
	Ciţy	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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Change
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