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	LLC		
SUBJECT:	Name of Limited Liability Company nelosed Articles of Amendment and feets) are submitted for filing. E return all correspondence concerning this matter to the following: LL LEI Name of Petson Firm/Company 12525 SCARLETT SAGE CT Address WINTER GARDEN, FL 34787 City/State and Zip Code nlg.filei@gmail.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: LEI Name of Person 407 717-0640 Daytime Telephone Number		
The enclosed Articles of A	omendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	l.	I, LEI	
		Name of Person	
		Firm/Company	
	12525 SCARLETT SAGE		
		Address	
	WINTER GARDEN, FL 34		
		City/State and Zip Code	
		o be used for future annual report not	ification)
For further information c			
L1, LEI			
Name o	f Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration S	
Division of O	Corporations	Division of Co The Centre of	
P.O. Box 63 Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SINLEY US LLC				
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our record lability Company)	<u>s.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000029904</u>				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	ility company here:			
SINLEY LLC				
SINLEY LLC he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C"		
Inter new principal offices address, if applicable:	12525 SCARLETT SAGE CT.			
Principal office address MUST BE A STREET ADDRESS)	WINTER GARDEN, FL 3478	7		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registe		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addre	WV		
	F	lorida Zip Code		
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			E]Change
			□ Add
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			Remove
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_____ □Add

					
			<u> </u>		
					
Effective date, if other than the Fan effective date is listed, the date must Sote: If the date inserted in this blood document's effective date on the Do	ock does not meet the	: appneante statu	filing or more than 90 tory filing requires	(optional) I days after filmg.) Purs ments, this date will	suant to 605,0207 not be listed as
record specifies a delayed effective d is filed.	: date, but not an effe	ective time, at 12	:01 a.m. on the ear	rlier of: (b) The 90t	th day after the
Mar 15	202.	3 			
Dated Mai 15					
Dated Mar 15	Signature of a member	or authorized ren	resentative of a mem	lber	

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