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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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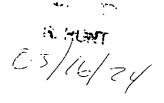
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### Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 05/16/2024	_		**WALK IN**
Cinar	nal Development, LLC		WALK EV
ENTITY NAME CHICA	nai Bevelopinent, EEO		
DOCUMENT NUMBEI	R		
	**PLEASE FILE THE AT	TACHED AND RETURN**	
xxxxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status	÷	<i>⊙</i>
			9:
	**PLEASE OBTAIN THE FOLLOW	IING FOR THE ABOVE ENTITY**	02
<del></del>	Certified Copy of Arts & A	nendments	
	Certificate of Good Standing		
	**APOSTILLE' / NOTA	RIAL CERTIFICATION**	
COUNTRY OF DESTIN			_
NUMBER OF CERTIFIC	CATES REQUESTED		
TOTAL OWED \$25		ACCOUNT #: I20160000072	
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Please call Tina at	the above number for any	issues or concerns. Thank you so	much!

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Cinamal Development, LLC

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:

Richard L. Brooks II, Esq.

Name of Person

St. Augustine Law Group, P.A.

Firm/Company

2740 US Highway 1 South

Address

St. Augustine, FL 32086

City/State and Zip Code

julia@staugustinelawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julia Robinson

Name of Person

at ( 304

990 - 7777

Area Code

Daytime 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 (additional copy is enclosed) ☐ \$60.00 Filing Fee, 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

Cinamal Development, LLC				
( <u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)			
The Articles of Organization for this Limited Liability Compa Florida document number <u>L2400087017</u>	ny were filed on <u>02/19/2024</u>		and assigned	
This amendment is submitted to amend the following:				.L.C."
A. If amending name, enter the new name of the limited li	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or	r the abbrev	iation "L.L.C,"	-
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	_
		· . ·		
Enter new mailing address, if applicable:		- <u>:</u>		_
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>		_
		<u> </u>	— <del>—</del> Ö	_
		$\overline{t}$ .	1/2	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter th</u> e	e name of	the new regist	<u>erec</u>
Name of New Registered Agent:				_
New Registered Office Address:	Enter Florida street address			_
	, Flori	da		
<del></del>	Cuy		Zip Code	_
New Registered Agent's Signature, if changing Registered Agen	nt:			

company has been notified in writing of this change.

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

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 **Type of Action** <u>Title</u> Name <u>Address</u> 12925 Achasta Blvd. MGR. Property Management CRE, LLC Hudson, FL 34669 <sub>■Remove</sub> \_\_\_\_\_ □Change Yannick Judie 12925 Achasta Blvd. ■Add MGR Hudson, FL 34669 □Remove ☐ Change 12925 Achasta Blvd. <sub>■Add</sub> Hikma Jemal MGR Hudson, FL 34669 GREENOVE \_ □Change

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ocument s	s effective date on the Γ	repartment of S	tate's records						
	ecifies a delayed effective	ve date, but not	an effective t	ime, at 12:01 a	i.m. on the ear	lier of: (b)	The 90	)th day afte	er th
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I is filed. (pated	05 / 15 / 2024	Yannic	. Judie		ative of a memb				

Filing Fee: \$25.00 Doc ID: 1b0fbfa63a9b65c5d7c97f721013c39bba229624