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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SHD IEZ		APITAL GROUP, LLC		
SUBJEA	1:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Susan Rotblat, Esq.		
			Name of Person	
		Cutler Gordon & Warga	are submitted for filing.  matter to the following:  Name of Person  Varga  Firm/Company  oad, Suite 200  Address  City/State and Zip Code egroup.com  Miress: (to be used for future annual report notification)  olease call:  at (\frac{520}{\text{Area Code}}) \frac{222-7338}{\text{Daytime Telephone Number}}  et & \subseteq \text{S55.00 Filing Fee} & \subseteq \text{S60.00 Filing Fee}.	
			Firm/Company	····
		5995 East Grant Road, Sui	ite 200	
		· · · · · · · · · · · · · · · · · · ·	Address	
		Tucson AZ 85712		
			City/State and Zip Code	
		hbuzaglo@cutlerlawgroup.		<del></del>
For furth	ner information c	re-man address, (		neation)
Hadassa	ì		520 222-7338	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	d is a check for t	he following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres			
	Registration 5 Division of C		Registration Se- Division of Cor	
	P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SINTOR CAPITAL GROUP, LLC				
(Name of the Limite	d Liability Compar A Florida Limited L	ny as it now a <sub>l</sub> Jability Comp:	pears on our records.) my)	
The Articles of Organization for this Limited Lia	ability Company	were filed	05/16/2024	and assigned
on Florida document number <u>1.24000227334</u>				
This amendment is submitted to amend the folio	wing:			
A. If amending name, enter the new name of	the limited liabi	lity compan	<u>v here</u> :	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company,"	the designation "LLC" (	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:	9100 Conr	oy Windermere Rd Su	ite 200
(Principal office address MUST BE A STREE)	(ADDRESS)	Windermer	e. FL 34786	
Enter new mailing address, if applicable:		9100 Conre	by Windermere Rd Su	ite 200° 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Mailing address MAY BE A POST OFFICE BOX)		Windermer	e, FL 34786	<u> </u>
B. If amending the registered agent and/or reagent and/or the new registered office address		iddress on o	ur records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:	James Sixsmith			
New Registered Office Address:	9100 Conroy W	'indermere Ro	f Suite 200	
		Ente	Florida street address	
	Windermere		, Flor	ida <u>34786</u>
		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 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 (	OSLO SIX	MANAGEMENT SERVICES CORPORATION	9100 Conroy Windermere Rd Suite 200	□Add
			Windermere, F1, 34786	□Remove
				<b>≡</b> Change
	_			🗀 Add
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ffective date, if other than the can effective date is listed, the date must	late of filing:	mul hu neive to	data a Cillian as	muse then (0) due	optional)	115 AVS IV
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ocument seriective date on the 17c	arment of state	s records.				
record specifies a delayed effective Lis filed.	date, but not an o	effective tim	e, at 12:01 a.m	, on the earlier	of: (h) The 90th	day after t
ated August 23	2	2024	_ •			
	_					
	$\bigcirc$	Sin	10 it 16			
	Signature of Them	ther or authori	zed representati	ve of a member		

Filing Fee: \$25.00