

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L24000407824**

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H240003297853ABC7

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : AIREN CONSULTING  
Account Number : 120240000131  
Phone : (305)316-1857  
Fax Number : (305)503-9619

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
CYNKHATIN LLC**

Certificate of Status	1
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Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CYNKHATIN 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:

FAUSTINO LOPEZ CUEVAS

Name of Person

Firm/Company

2501 BISCAYNE BOULEVARD

Address

MIAMI, FL 33137

City/State and Zip Code

tinolopezcuevas@gmail.com

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

For further information concerning this matter, please call:

FAUSTINO LOPEZ CUEVAS

305 898-2605  
at ( )

Name of Person

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

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TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CYNKHATIN LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/30/2024 and assigned  
Florida document number L24000407824.

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 Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2501 BISCAYNE BOULEVARDMIAMI, FL 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

FAUSTINO LOPEZ CUEVAS

New Registered Office Address:

6822 SW 114 AVE

*Enter Florida street address*

MIAMI, FL

*City*

, Florida 33173

*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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	CYNTHIA ALEXIANE WEISE	286 NW 29 ST	<input type="checkbox"/> Add
		MIAMI FL 33127	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALEDAHASSER, FL

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

I hereby request to amend the last name of one of the owners, Cynthia A Weise

Please update the company records to reflect this change.

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TALLAHASSEE, FL

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**E. Effective date, if other than the date of filing: 09/30/2024 (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 09/30/2024

Signature of a member or authorized representative of a member

FAUSTINO LOPEZ CUEVAS

Typed or printed name of signer

Filing Fee: \$25.00