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(Re	questor's Name)	
(Ad	dress) ·	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	
		:
Amend	1	

Office Use Only



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Guren JUN _6,

COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT:	Canpillane LL	<u> </u>	
	J Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cardie		
		Name of Person O V LOINE LLC Firm/Company	
	14810 3	WIOUTH CT	
	Miam	i FL 3317 6 City/State and Zip Code	
	Candy lane E-mail address: (1	OR O IVE . COM	ication)
For further information of ANDIE	oncerning this matter, please ca		1688
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

CHONY (-				
(Name of the Limited Lis (A Flo	ability Company as it now appears on o orida Limited Liability Company)	our records.)			
The Articles of Organization for this Limited Liabilit	ty Company were filed on MAR		and as	ssigne	ed
Florida document number <u>L0900003162</u>	<u>2'2</u>				
This amendment is submitted to amend the following	j :				
A. If amending name, enter the new name of the	limited liability company here:				
The new name must be distinguishable and end with the words	"Limited Liability Company," the design	nation "LLC" or the abb	reviation '	"L.L.C	3."
Enter new principal offices address, if applicable:		.=	:- 		
(Principal office address MUST BE A STREET AL	DDRESS)			1	
					ទី ផ្ល
			(s) :		y sassas
Enter new mailing address, if applicable:		, [alia. Hay	~ ~	1 6 mm * 7 \$96
,	<u></u>		-100 -	===	; ; ;
(Mailing address MAY BE A POST OFFICE BOX)				~	*, 200 ptg
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B. If amending the registered agent and/or registered agent and/or the new registered office a		r records, <u>enter th</u>	<u>e name</u>	<u>of</u> 1	the new
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida st	reet address			
		, Florida	· · · •		
	City		Zip Code	3	

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Aut	thorized Member		
<u>Title</u>	Name	Address	Type of Action
MAR	CANDIE K Kodgers	14810 SW 104 th Ct	j Z Add
		Address 14810 SW 104 th Ct Miami, FL 33176	□ Remove
			Add
			□ Remove
			Add
		L,	Remove xum
		- Louis	Ádd
			□ Remove
			
			Add
			□ Remove
			□ Add
			Remove

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ective date, if other than the date of filing:	(optional)
effective date must be specific, cannot be prior to date of receipt or filed	date and cannot be more than 90 days after
effective date must be specific, cannot be prior to date of receipt or filed date this document is filed by the Florida Department of State)	(optional) date and cannot be more than 90 days after
effective date must be specific, cannot be prior to date of receipt or filed date this document is filed by the Florida Department of State)	(optional) date and cannot be more than 90 days after
effective date must be specific, cannot be prior to date of receipt or filed date this document is filed by the Florida Department of State) and A 27, 2014	date and cannot be more than 90 days after
effective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date this document is filed by the Florida Department of State) ted Signature of a member or authorize ANDIS LOCALY	date and cannot be more than 90 days after

Page 3 of 3

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Filing Fee: \$25.00