## L09000095551

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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

CANE609,	LLC			
	Name of Lim	ited 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:		
	Jeff Lazzeri			
		Name of Person		
	Cane609, LLC			
		Firm/Company	<del></del>	
	26551 SW 182 Avenue			
		Address		
	Homestead, FL 33031			
		City/State and Zip Code		
	janice.moeller@allrestore.n			
	E-mail address: (	to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
Janice M. Moeller		305 238-2391 at ( )		
Name of Person			ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 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	i <u>s:</u>	Street Address:		
Registration Section Division of Corporations		Registration S Division of Co		
P.O. Box 6327			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CANE609, 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 \_\_\_\_\_ and assigned Florida document number L09000095851 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida ,

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	JULIE A LAZZERI	26551 SW 182 AVENUE, HOMESTEAD, FL 3303	l ≣Add
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			🗆 Change
	-		🗆 Add
			□Remove
			🗆 Change
			_ DAdd 2821
			Remove
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			□Remove
			□ Change

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feci	ive date, if other than the date of filing:	
ın el	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	suant to 605,020
	nent's effective date on the Department of State's records.	
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 led.	th day after the
	<b>.</b>	
ated	June 10 . 2021	

Filing Fee: \$25.00

Typed or printed name of signee