

L16000057019

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000275714 3)))



H160002757143ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : IBRAHIM LAW, P.A.
Account Number : 120160000084
Phone : (954) 438-8393
Fax Number : (954) 438-6540

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CANE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
2016 NOV -8 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 NOV -8 A 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

Electronic Filing Menu Corporate Filing Menu Help

S Warren



November 8, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CANE LLC
10900 NW 25TH STREET
STE 104
DORAL, FL 3317208

SUBJECT: CANE LLC
REF: L16000057019

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

FAX Aud. #: H16000271983
Letter Number: 616A00023950

RECEIVED
2016 NOV -8 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

-> 850-617-6381 Vonage
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CANE 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 March 21, 2016 and assigned Florida document number L1600057019.

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

_____, Florida _____
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

FILED
2016 NOV - 8 A 9 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
H16000271983 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	Basmo Ibrahim	11200 Pines Boulevard, #200	<input checked="" type="checkbox"/> Add
		Pembroke Pines, Florida 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Trigo & Company, P.A.	10900 NW 25 Street, Suite #104	<input type="checkbox"/> Add
		Doral, Florida 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 NOV - 8 A 4 17
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

