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COVER LETTER ...

TO:	Registration Se Division of Cor			
CHIDI		CAYAKS LLC		
SUBJ	EC1:	Name of Lim	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Angelique Vazquez		
			Name of Person	
		ANGIE'S KAYAKS LLC		
			Firm/Company	
		600 E 32nd St		
		***************************************	Address	, , , , , , , , , , , , , , , , , , ,
		Hialeah, FL 33013		
			City/State and Zip Code	<u>, , , , , , , , , , , , , , , , , , , </u>
		angieskayaks@gmail.com		
		E-mail address: (1	to be used for future annual report notific	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
Angel	lique Vazquez		305 978-7758	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e 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 OF

ANGIE'S KAYAKS LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number	mpany were filed on April 17, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	DI VIS
Enter new mailing address, if applicable:		RETARNON OF C
Mailing address MAY BE A POST OFFICE BOX)		P ORPO
B. If amending the registered agent and/or register		22 RATE OF the name of the
registered agent and/or the new registered office addres	ss here:	
Name of New Registered Agent:		
New Registered Office Address:	F. B. H. H. H. H.	
	Enter Florida street address	
	, Florida	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Angelique Vazquez	824 84th St	■ Add
		Apt I	= Add
			Remove
		Miami Beach, FL 33141	Change
AMBR	Samantha Vazquez	824 84th St	≅ Add
		Apt 1	
		Miami Beach, FL 33141	☐ Remove
			□ Change
 			Add
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ctive date, if other than t	ne date of filing:			(o	ptional)	
effective date is listed, the date neeffective date inserted in this	nust be specific and cannot be	prior to dat	e of filing or m	ore than 90 days a g requirements.	ıfter filing.) Pursuaı this date will not	it to 605.0 be listed
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ecord specifies a delay se 90th day after the re	ed effective date, bu	t not an	effective t	ime, at 12:0	1 a.m. on the	earlier
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Filing Fee: \$25.00