

L050000108239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

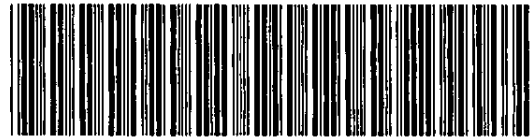
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Ames

Office Use Only



000250305450

08/06/13--01027--008 **60.00

2013 AUG -6 AM 9:22
STATE
FILING OFFICE

J. SAULSBERRY
EXAMINER

AUG 07 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Central Canal Co., 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:

Anthony Askowitz

Name of Person

Central Canal Co., LLC

Firm/Company

12039 SW 117th Court

Address

Miami, Florida 33186

City/State and Zip Code

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

For further information concerning this matter, please call:

Barry N. Semet, Esq.

Name of Person

at **305 773-4984**

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2013 AUG -6 AM 9:12
STATE
FILING SECTION

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

Central Canal Co., 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 November 7, 2005 and assigned
Florida document number L05000108239.

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 end with 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Anthony Askowitz	12039 SW 117th Court	<input checked="" type="checkbox"/> Add
		Miami, Florida 33186	<input type="checkbox"/> Remove
MGRM	Gerald Askowitz	12039 SW 117th Court	<input checked="" type="checkbox"/> Add
		Miami, Florida 33186	<input type="checkbox"/> Remove
P	Anthony Askowitz	12039 SW 117th Court	<input type="checkbox"/> Add
		Miami, Florida 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2013 AUG - 8 AM 9:12
☐ Add
☐ Remove
☐ Add
☐ Remove

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

Dated ✓ July 31, 2013.

✓ Gerald Askowitz

Signature of a member or authorized representative of a member

Gerald Askowitz

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

STATE
FILING
FEE

2013 AUG -6 AM 9:12