L06000046972

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2011 JUL 22 M II: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
JUL 2 5 2011
EXAMINER

COVER LETTER

Division of Co					
SUBJECT:	Canuke	Enterprises, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matte	r to the following:			
		Barington Bell Name of Person			
	Accounting	g, Tax & Business Solutions,	PA		
		Firm/Company			
	1000	1 N.W. 50 Street, Ste 204			
		Address			
		Sunrise, FL 33351			
		City/State and Zip Code			
	F-mail address:	dpolito@atbsfl.com (to be used for future annual report notific	Sation)		
For further information	concerning this matter, please	•	ation	2011 JUL 22 AM II: IO SECRETARY OF STATE ALLAHASSEE.FLORIDA	avis and
	Barington Bell	at (_954)7	746-0156	22 SSH	-
Name	of Person	Area Code & Daytime	Telephone Number	OF STA	
Enclosed is a check for	the following amount:			ADA STE	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

(Name of the Limited Liability Compa (A Florida Limited I	rprises, LLC ny as it now appears on our records.) Liability Company)		_		
The Articles of Organization for this Limited Liability Company Florida document numberL0600046972	were filed on05/05/2006	and	assign	ed	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation	"LLC" or t	he abbi	eviation	
Enter new principal offices address, if applicable:	9361 N.W. 41 Place				
(Principal office address MUST BE A STREET ADDRESS)	Sunrise, FL 33351-5906	JA!	21		
		L'A	يخ	******	
Enter new mailing address, if applicable:	9361 N.W. 41 Place	HASSEE	L 22	and a second	
(Mailing address MAY BE A POST OFFICE BOX)	Sunrise, FL 33351-5906		1	· · · · · · · · · · · · · · · · · · ·	
		ORI	••	1447	
		D M	6 2		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r the nam	e of t	he new	
Name of New Registered Agent:					
	· · · · · · · · · · · · · · · · · · ·				
New Registered Office Address:	Enter Florida street a	address			
	. Florida				
	City , Florid		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 **Type of Action Title** <u>Name</u> Address MGRM Terrance Myers 9361 N.W. 41 Place Sunrise, FL 33351-5906 ☐ Add Remove ∏ Add Remove ☐ Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. 2011 Dated _ Signature of a member or authorized representative of a member Terrance Myers Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00