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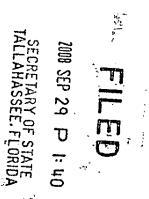
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T. HAMPTON
SEP 3 0 2008
EXAMINER

# **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Canoe Creek Commerce, 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:

RAJIA N. ACKLEY
(Name of Person)

(Firm/Company)

3264 GREENWALD WAY N.

(Address)

KISSIMMEE FL 34741

(City/State and Zip Code)

For further information concerning this matter, please call:

RAJIA N. ACKLEY at (407) 973-7355

(Name of Person) (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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CANOE CEEEK	COMMERCE.	llc
(Name of the Limited Liability Co) (A Florida Limi	mpany as it now appears on our ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp.  Florida document number	pany were filed on $\frac{10/2}{}$	1
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited  A HODING  The new name must be distinguishable and end with the words "L.L.C."	liability company here: Limited Liability Company," the c	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	20 SE
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		B SEP 29 P 1: 40, CRETARY OF STATE LAHASSEE, FLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our reco <u>here</u> :	rds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Flori	ida 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 aniending 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 **Title** <u>Name</u> <u>Address</u> Type of Action ☐ Add Remove ☐ Remove Add Remove ☐ Add Remove ☐ Add Remove ┌ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008 uthorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00