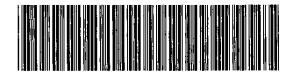
## 107000080167

(Requestor's Name)					
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL .			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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SECRETARY OF STATE

APPROVED AND FILED

D. BRUCE

JUL 24 2012

**EXAMINER** 





July 5, 2012

CARLOS LANDA 18641 SW 39 ST MIRAMAR, FL 33029

SUBJECT: CANACHE LLC Ref. Number: L07000080167

We have received your document for CANACHE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 812A00018097

FILED

12 JUL 23 AH 9: 35

SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Canade UC	
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:	·
Carlos landa	
Canade UC Firm/Company	
18641 Sw 39 St	
Mucman F/ 33029	
City/State and Zip Code  Clanda 3 2 Gama Cott  E-mail address: (to be used for future annual cort notification)	ΑP
For further information concerning this matter, please call:	F <sub>A</sub> PR
Colon Jando - 954 4790429	
Name of Person  Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \$\ \text{Certified Copy (additional copy is en	

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

Canache, Li	1 (					
(Name of the Limited Lia (A Flo	ability Company orida Limited Liab	as it now appe pility Company	ars on our re	cords.)	<del></del>	
The Articles of Organization for this Limited Liabi Florida document number	ility Company we 167.	ere filed on	08/04,	107	and assigne	d .
This amendment is submitted to amend the following	ing:					
A. If amending name, enter the new name of th	e limited liabilit	y company h	<u>ere</u> :		·	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited	Liability Com	pany," the des	signation "L	LC" or the table	eviation
Enter new principal offices address, if applicabl	le:				AHA	· <u>E</u>
(Principal office address MUST BE A STREET A	<u>4DDRESS)</u>				- SSE	23
	-				Te	<u>#</u> 5
Enter new mailing address, if applicable:	-		·	····	STATE LORIDA	9. 35
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		<u> </u>			<del></del>
,	-					
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on	our record	ls, <u>enter t</u>	he name of th	ie new
Name of New Registered Agent:	Caila	olano	la_			
New Registered Office Address:	18641	Sw 3		·		
	₩.	E	Enter Florida	street addi	ress	C
	1 Wan	mar	, F	lorida	0002	<u>-7</u>
New Registered Agent's Signature, if changing Reg		City			Zip Code	
I hereby accept the appointment as registered a the provisions of all statutes relative to the pro- accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	ngent and agree oer and complet red agent as pro istered office of	e performanc vided for in	e of my duti Ghapter 608	es, and I a L. E.S. Or,	m familiar wit if this docume	h and

Page 1 of 2

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:

	lanaging Member		
<u>Title</u> <u>HGL</u>	Cela Indalgo	18641 SW 39 St Humanar 33029	Type of Action  Add Remove
Her	- Contractor tando		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	Add Remove
			FIL 12 JUL 23 SEGRETARY TALLAHASSI
 Dated			AND FILED UL 23 AM 9: 35 RETARY OF STATE AHASSEE, FLORIDA
	( also land	or printed name of signee  Page 2 of 2	

Filing Fee: \$25.00