108000083412

(Requestor's Name)							
(Address)							
(Address)							
(,							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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D. BRUCE
MAR 3 0 2011
EXAMINER

COVER LETTER

10.	Division of Co			,			
SUBJECT:		Kanan a	and Kanan, LLC				
			ited Liability Company				
		f Amendment and fee(s) are su	_				
			Pam Rush				
		K	anan and Kanan, LLC				
			Firm/Company	:			
	13506 Summerport Village Parkway \$\frac{1}{255}\$						
			Address				
			1				
	City/State and Zip Code						
		pan E-mail address:	nrush@kananreaity.com to be used for future annual report n	notification)			
For fireth	er information	concerning this matter, please	•	,	MAR CARETO	M.T.	
		vencerning and matter, prease (v44.4 1,		SS ~ ~	-	
		Pam Rush	at (_407_)	702-3116	B338 6 √38	I	
	Name	of Person	Area Code & Day	rtime Telephone Number	STA TO C	7	
Enclosed	l is a check for	the following amount:			51 DA		
₹ 25.0	0 Filing F ∞	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified	te of Status &		
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/COU Registration Se Division of Cor Clifton Building	porations			
Tallahassee, FL 32314			2661 Executive	Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Kanan and I			:	
(Name of th	e Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this I	Limited Liability Company	were filed on	09/02/2008	and assigned	
Florida document numberL0	8000083412				
This amendment is submitted to amen	d the following:				
A. If amending name, enter the nev	v name of the limited liab	ility company her	<u>re</u> :		
The new name must be distinguishable a "L.L.C."	nd end with the words "Limi	ited Liability Compa	any," the designation "I	LC" or the abbreviation	
Enter new principal offices address	13506 Summerport Village Parkway #255				
(Principal office address MUST BE .	A STREET ADDRESS)	Windermere FL 34786			
				- <u>S</u>	
Enter new mailing address, if applic	able:			AHE IN	
(Mailing address MAY BE A POST (OFFICE BOX)			229	
				2 77	
B. If amending the registered ag	ent and/or registered of istered office address her	fice address on te:	our records, enter t	be name of the new	
		-	•	-	
Name of New Registered Ag	<u>cent</u> :				
New Registered Office Addr	ess:				
		Enter Florida street address			
		City	, Florida	Zip Code	
		City.		Lip Coue	

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

MGR = Manager

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:

MGRM = Managing Member Type of Action **Title** <u>Name</u> Address MGRM Rhonda Kanan 416 Butler Street **A**dd Windermere FL 34786 Remove Bradford S. Kanan Jr. MGRM 13506 Summerport Village Parkway ☑ Add Remove Windermere FL 34786 ☐ Add Remove ☐ Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 2011 Dated ___ Stabler or authorized representative of a member Signature of a fy Bradford S. Kanan, Jr., Managing Member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00