

L09000039507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

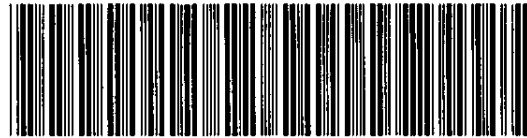
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan AUG 11 2014

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CANALCO, 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:

Michael Schiffrin

\_\_\_\_\_  
Name of Person

The Schiffrin Law Firm, PLLC

\_\_\_\_\_  
Firm/Company

9200 South Dadeland Blvd, #208

\_\_\_\_\_  
Address

Miami, Florida 33156

\_\_\_\_\_  
City/State and Zip Code

schifflaw@aol.com

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

For further information concerning this matter, please call:

Michael Schiffrin

\_\_\_\_\_  
Name of Person

at ( 305 ) 539-0000

\_\_\_\_\_  
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

**TO  
ARTICLES OF ORGANIZATION  
OF**

**CANALCO, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 04/23/2009 and assigned Florida document number L09000039507.

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 605, 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**

**AUTHORIZED MEMBER BEING ADDED OR REMOVED FROM OUR RECORDS:**

**MGR = Manager**

**AMBR = Authorized Member**

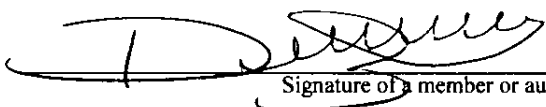
<u><b>Title</b></u>	<u><b>Name</b></u>	<u><b>Address</b></u>	<u><b>Type of Action</b></u>
<u>mgrm</u>	<u>Daniel Benmuhar</u>	<u>134 South Dixie Highway</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 104</u>	<input type="checkbox"/> Remove
		<u>Hallandale Beach, Florida 33009</u>	
<u>mgrm</u>	<u>Jeffrey Luidvinovsky</u>	<u>3770 NE 208th Terrace</u>	<input type="checkbox"/> Add
		<u>Aventura, Florida 33180</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	
<u>mgrm</u>	<u>Alexandra Luidvinovsky</u>	<u>3770 NE 208th Terrace</u>	<input type="checkbox"/> Add
		<u>Aventura, Florida 33180</u>	<input checked="" type="checkbox"/> Remove
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<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 8/8, 2014.



Signature of a member or authorized representative of a member

Daniel Benmuhar

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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