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. (Re	questor's Name)	
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M. THOMAS

SEP 1 5 2009

EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations			
SUBJECT:	Canadian S	Simco Group, LLC		
		ted Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
P.K. Smartt				
		Name of Person		
	Can	adian Simco Group, LLC		
		Firm/Company		
	3	145 Green Valley Rd.		
		Address		
	В	irmingham, AL 35243		7 7
		City/State and Zip Code		SECION I
		pksmartt@aol.com to be used for future annual report n		至
			ouncation)	SSE SSE
For further informatio	on concerning this matter, please of	call:		PH E.F.
;	P.K. Smartt	at (850)	855-1743	2009 SEP 14 PM 1: 09 SECRETARY OF STATE TALLAHASSEE. FLORID
Nan	ne of Person	Area Code & Day	time Telephone Number	9
	•			
Enclosed is a check for	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified C	of Status &
Reg	AILING ADDRESS: gistration Section vision of Corporations	STREET/COU Registration Se Division of Cor		
P.C). Box 6327 lahassee, FL 32314	Clifton Buildin 2661 Executive	g Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Canadian Si	imco Group, Ll	<u>.C</u>	
(Name of the Limited Liability Co. (A Florida Limi	<u>mpany as it now appe</u> ted Liability Company	ars on our records.)	
`	, , ,	,	
The Articles of Organization for this Limited Liability Comp	oany were filed on	August 11, 2009 and assign	ıed
Florida document numberL09000076918			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company h	ere:	
	income, company in		
The new name must be distinguishable and end with the words "	Limited Liability Com	pany," the designation "LLC" or the abb	reviation
"L.L.C."	, co		
Enter new principal offices address, if applicable:		INGS TAL	
(Principal office address MUST BE A STREET ADDRESS	<u></u>	PAR EI	
Trincipal office namess MOST DL A STALLT ADDRESS.	<u></u>	PSP =	-
			, 11
T		E OF T	i C
Enter new mailing address, if applicable:		SPE :	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	<u>o</u> _
B. If amending the registered agent and/or registered	d office address am	our records ontor the name of t	the new
registered agent and/or the new registered office address		our records, enter the name or	me new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
	-	THE TO THE DIT OF WHAT OLD	
	City	, 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 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 <u>Title</u> <u>Name</u> Address MGR **Brenda Yates** 255 Alhambra Circle, Suite 325 Coral Gables, 33134 Remove ☐ Add Remove ☐ Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 1 2009 Dated ___ Signature of a member or authorized representative of a member JMARIL Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00