

L10000082363

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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Account Name : CAPITOL SERVICES, INC.
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GRAN CANARIA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GRAN CANARIA, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/05/2010 and assigned
Florida document number L10000082363.

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 contain 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

City

Florida

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Vivian Williams	2300 Coral Way, Suite 200 ✓	<input checked="" type="checkbox"/> Add
		Miami, FL 33145	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Luis Andrade	13695 SW 26 Street ✓	<input type="checkbox"/> Add
		Miami, FL 33175	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Luis M. Andrade	14040 SW 22 Street ✓	<input checked="" type="checkbox"/> Add
		Miami, FL 33175	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	Nancy Andrade	13695 SW 26 Street ✓	<input type="checkbox"/> Add
		Miami, FL 33175	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nancy C. Andrade	14040 SW 22 Street ✓	<input checked="" type="checkbox"/> Add
		Miami, FL 33175	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jonathan Andrade	13695 SW 26 Street	<input type="checkbox"/> Add
		Miami, FL 33175	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

030 DEC 21 PM 4:16

DEC 21 PM 4:43

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December, 2020

Signature of a member or authorized representative of a member

Nancy C. Andrade

Typed or printed name of signee

Filing Fee: \$25.00