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AUG - 1 2016 N. CAUSSEAUX

## **COVER LETTER**

• :

TO:	<b>Registration Section</b>
	Division of Corporations

SUBJECT:	_ Subucan	Envestments	ULC
	Nam	e 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:

Name of Person

Firm/Company <u>)</u>  $\cap u$ ELENACOIS G GMAIL. COM E-mail address: (to be used for future annual report notification)

Por further information concerning this matter, please call:

at (<u>5</u>-B) Area Code ) 212 9090252 le Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

\$25.00 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 Taliahassee, FL 32314

© \$30.00 Filing Fee &

Certificate of Status

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF A	MENDMENT	2 A
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OF	<u>?</u>	The solution
Sebucan Enve		
(Name of the Limited Liability Company (A Florida Limited Liability	y as it now appears on our record ability Company)	
	5/0/2	O (O and assigned)
The Articles of Organization for this Limited Llability Company w	vere flied on <u>lequil</u>	etc. and assignedy
Florida document number <u>L10000124</u> 74B		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	••••••••••••••••••••••••••••••••••••••	
(A CHOOM Office with color of a page of the state of the		
Vieles and the set beau the black		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B: If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		s, <u>enter the name of the new</u>
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
- UTD - DIGHTER - T FRAME AND AND	Enter Florida street addres	<u>3</u>
	R	orida
	City'	Zip Code
New Registered Agent's Signature, if changing Registered Agent;		

.

Thereby accept the appointment as registered agent and agree to act in this capacity. Thather 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

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.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

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.).Pursuant to 605.0207 (3)(b). 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated \_ Signature of a member or authorized pepresentative of a member arie Coher Typed or printed name of signee

Filing Fee: \$25.00