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B. BOSTICK
DEC 1 4 2012

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

CAN GROUP 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:

Noelia Ramos

Name of Person

Torres & Vadillo LLP

Firm/Company

11402 NW 41 Street, Ste 202

Address

Doral, FI 33178

City/State and Zip Code

rinaldiarias@gmail.com

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

For further information concerning this matter, please call:

Noelia Ramos

,305,485-9700

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAN GROUP LLC		
(Name of the Limited	<mark>d Liability Company as i</mark> A Florida Limited Liabilit	it now appears on our records.) y Company)
The Articles of Organization for this Limited I Florida document number L11000017582		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability c	ompany here:
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Li	ability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	or registered office a	address on our records, enter the name of the new
Name of New Registered Agent:	JOSE L DREYE	<u>:R</u>
New Registered Office Address:	1666 ZENITH V	VAY
		Enter Florida street address
	WESTON	, Florida 33327
	City	y Zip Code
the provisions of all statutes relative to the paccept the obligations of my position as reg	ed agent and agree to proper and complete p istered agent as provid registered office addr	act in this capacity. I further agree to comply with verformance of my dufies, and I am familiar with and ded for in Chapter 608, F.S. Or, if this document is ess, I hereby confirm that the limited liability

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action NOEL LAZARO** 9445 NW 54 DORAL TERRACE MGR **DORAL, FL 33178 √** | Remove 9445 NW 54 DORAL TERRACE **ALBERTO SANTINATO** MGR **DORAL, FL 33178** Remove 1666 ZENITH WAY JOSE L DREYER MGR WESTON, FL 33327 Remove Remove Add Remove

D. If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
	
 	
-	
December	7 19, 2012
•	Signature of a member of authorized representative of a member
	Signature of a member
 	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

DEC 13 PM S.