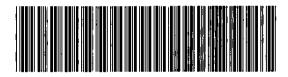
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SECRETARY OF STATE
AND ASSEED FOR DRING

J. BRYAN

AUG 3 0 2011

EXAMINER

COVER LETTER

то:	Registration S Division of Co			
SUBJI	ECT:	CA	NLUD LLC	
30 2 01			ited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	oondence concerning this matte	r to the following:	
			BIANCA SAPORITTO	
			Name of Person	
		TEAM REA	L ESTATE MANAGEMENT	
			Firm/Company	SEC
280°		2801	NE 208TH TER STE 200	262 262
			Address	SSE
		Α\	/ENTURA - FL - 33180	HAUG 29 PH 2: 43 ALLAHASSEE: FLORID
			City/State and Zip Code	
		bianca	@teamremanagement.com to be used for future annual report notific	772
For fur	ther information	concerning this matter, please	•	auon)
	BIAN	CA SAPORITTO	at (305) 9	14-4845
	Name	of Person	Area Code & Daytime	Telephone Number
Enclos	ed is a check for	the following amount:		
\$25	.00 Filing Fee	S30.00 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		tration Section on of Corporations Box 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CANLUD LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear	rs on our records.	
(// 101142	Elimica Elabinty Company)		
The Articles of Organization for this Limited Liability	Company were filed on	03/03/2011	and assigned
Florida document numberL11000026720			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lir</u>	nited liability company he	<u>re</u> :	,
The new name must be distinguishable and end with the well.L.C."	ords "Limited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		·	
(Principal office address MUST BE A STREET ADD	RESS)		39 ×
•			ALE TO
			器や「
Enter new mailing address, if applicable:			my z m
(Mailing address MAY BE A POST OFFICE BOX)			FFS 2
			82 5
			96
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		our records, <u>enter</u>	the name of the new
		•	
Name of New Registered Agent:			
New Registered Office Address:			
		nter Florida street ad	dress
		, 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

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGRM	KVITCA, Roxana S		2801 NE 208TH TER STE 200 AVENTURA - FL - 33180	
	·			
		<u></u>		
				Add Remove
				□ n
				Add Remove
D. If amend	ing any other information,	enter change(s) here: (Attach additional sheets, if neces	esary.)
				SECRE TO
				29 PM :
Dated	AUGUST 25	,	<u>1</u> .	2: 43 STATE LORIDA
	Signatur	e of a member of	r authorized representative of a member	
	O.B.imiui		CA SAPORITTO	
			printed name of signee	

Page 2 of 2

Filing Fee: \$25.00