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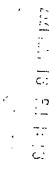
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## **COVER LETTER**

TO:	Registration Se Division of Cor					
CHDIE	CT.	A1	CARNER, LLC			
SUBJE	CI:	Name of Lim	ited Liability Company	<del>_</del>		
The enci	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		<i>N</i>	OR/AN Simon Avil	4		
			Name of Person  Modu Au  Firm/Company			
			5807 CNSthill dr			
			Address			
			TAMPA PL 3361.  City/State and Zip Code	<del>5</del>		
			,			
		E-mail address: (	Nor lan Simon @ ho	otification)		
For furth	her information c	oncerning this matter, please c	all:			
	Nonlan -	Simon Avila	at ( <b>813</b> ) 91 Area Code Days	9-0824		
	Name o	f Person	Area Code Days	time Telephone Number		
Enclose	d is a check for th	he following amount:				
<b>S</b> \$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:		Street Address:				
Registration Section Division of Corporations		Registration Section Division of Corporations				
	P.O. Box 632 Tallahassee,		The Centre of 2415 N. Mon	f Tallahassee roe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Al Canalon, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed or	on II 17 2011 and assigned
Florida document numberL 11000 130 791.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny 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)	
	f · J
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:	<u></u>
Name of New Registered Agent:	
New Registered Office Address:	···
	er Florida street address
	, 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 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 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>	Address	Type of Action
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		Tampa, FL, 33615	□Remove
			Change
MGR	Norbel Simon Avila	5807 crusthill DR	
		Tampa, FL, 33615	□Remove
		<del></del>	&Change
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