# 21/000/39/040

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Cı	ty/State/Zip/Phone	<del>2</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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October 31, 2018

LEAH GONZALEZ 11381 ORANGE GROVE BLVD WEST PALM BCH, FL 33411

SUBJECT: CANELLE IMMOBILIER LLC

Ref. Number: L11000139640

We have received your document for CANELLE IMMOBILIER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 918A00022490

Octavia L Simmons Regulatory Specialist III

2010 PUR 13 PM 2

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### **COVER LETTER**

TG: Registration Section Division of Corpo			
SUBJECT: Cam	lle i MM () Name of Limit	Bilier LCC ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
		Name of Person	
	[] 38/	Firm/Company ORance 9700	e Blue
		City/State and Zip Code  Dec 201 EXTO Color be used for future annual report notifications.	
	E-mail address: (to	be used for future annual report notific	100. (194.)
For further information concentration with the Name of Po	eerning this matter, please cal	II:	•
Enclosed is a check for the t	ollowing amount:		
S25.00 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

(Name of the Limited Liability Compar (A Florida Limited L	MMOBILIE COMPANY)
The Articles of Organization for this Limited Liability Company Florida document number <u>L11 000139640</u>	were filed on $\frac{1-/6-18}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Cont	ty 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)	11381 Openge grove Blod WPB F( 33411
	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	eah (7092alez
New Registered Office Address:	38   ORange grove Blv ()
<u> </u>	Florida 334   Zip Code
Name Danietanad America Cianatura, if abanaina Danietarad America	

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>	Address	Type of Action
MGR	Linh Conzale	2 [1381 ORanye grove	6/4/ Add
		2 [1381 ORanye gruve: Woot Palm Beach ( 334)	/□ Remove
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an effective date is listed lote: If the date insert		cannot be prior to date seet the applicable sta	of filing or more than 90 da	(optional) ys after filing.) Pursuant to 605.03 its, this date will not be fisted
	a delayed effective der the record is filed.	ate, but not an e	effective time, at 12	:01 a.m. on the earlier
The 90th day afte	,		4	
	Signature of a n	nember of authorized re	epresentative of a member	

Page 3 of 3

Filing Fee: \$25.00