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COVER LETTER

Division of Corpo	rations		
SUBJECT: Cana	Roal Inv.	estments, LLC ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Frank	Maloney Name of Person	
		Firm/Company	
	1998 C	arolina Circle N.E	
·	St. Peters Frank Mi	Address Shry FL 3376 City/State and Zip Code VD @ Verizon, ne7 o be used for future annual report notification	23 Egg 293
For further information cond	erning this matter, please ca	ail:	To a In
Frank Mal	on el	at (727) 522-27 Area Code & Daytime Te	on) SSTATE STATE SPECIAL STATE SEPHONE Number
Enclosed is a check for the f	ollowing amount:		
	□\$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:

TO: · Registration Section

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

Canal Road I	nuestments,	LLC
(Name of the Limited Liability (A Florida Li	Company as it now appears on mited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on	/12 (2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		20).
(Principal office address MUST BE A STREET ADDRI	ESS)	
		
Enter new mailing address, if applicable:		50 3
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida 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 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 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>	Name	Address	Type of Action
MGR M	IF Capital, LLC	4618 Bayshore Bluel. NE	Add
		St. Retersburg, FL 3370	
<u>mgrm</u>	Frank J. Maloney	1998 Carolina Circle N.E. St. Retersburg, FL 33703	Add Remove
MGRM	Secutor HoldingsInc.	1998 Carolina Circle N.E. St. Retersburg, FL 33703	AddRemove
	· · · · · · · · · · · · · · · · · · ·	ENEL APPLESSES F	Add Remove
		LORIDA	Add Remove
			. Add
			Remove

If amending any other information	, enter change(s) here: (Attach additional sh	neets, if necessary.)
ed 2/11/2013		
Tra	ank 1. Mahmay	
Signatu Y- (a.		nember
	Typed or printed name of signee Page 3 of 3	
	Filing Fee: \$25.00	201 Sci
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