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	ration Section n of Corporations	TALE T
-	791 7667 HER ITAGE CROSSING WAY J6 LLC	CRET SE
SUBJECI:	Name of Limited Liability Company	ECRETARY E
	ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following:	PH 3: 04
	Cesar Guercio	_
	Name of Person	
	1791 Canada LLC	
	Firm/Company	_
	619 Celebration AV	
	Address	<u></u>
	Celebration, Florida, 34747	
	City/State and Zip Code Cesar.guercio@1791.ca	-
	E-mail address: (to be used for future annual report notification)	_
For further infor	mation concerning this matter, please call:	
Cesar (Guercio " ⁴⁰⁷ ,705-2024	
	Name of Person Area Code & Daytime Telephone Num	ber

Enclosed is a check for the following amount:

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S25.00 Filing Fee

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□\$30.00 Filing Fœ & Certificate of Status 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

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ARTICLES OF	AMENDMENT
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	N SALE.
1791 7667 HERITAGE CROSSING	WAY ILLC
(Name of the Limited Liability Comps (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on 1/22/2013 and assigned
Florida document number L13000010889	
Florida document number	
This amendment is submitted to amend the following:	
This anonomient is submitted to among the following.	
A. If amending name, enter the new name of the limited lia	bility company here:
	nited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."	
Entry and unitable officer address if applicable	
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)	
Unduring address that be a rost of fice boar	
B. If amending the registered agent and/or registered of	office address on our records, enter the name of the new
registered agent and/or the new registered office address he	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer Piornau Street auaress
	, Florida
	City Zip Code
	v ·
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent and ag	ree to act in this capacity. I further agree to comply with
the provisions of all statutes relative to the proper and com	plete 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 offic	e address, I hereby confirm that the limited liability
company has been notified in writing of this change.	
If Ch	anging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

MGR = Manager MGRM = Managing Member

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 4 201 Dated Signature of a member or representative of a member Cesar Guercio, for 1791 Canada LLC Typed or printed name of signee Page 3 of 3

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Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEE, FLORID