3/18/2015

Division of Corporations

L14000068871

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000068603 3)))

H150000686033ABC$

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CIKLIN LUBITZ MARTENS & O'CONNELL
Account Number : 076376001447
Phone : (561)832-5900
Fax Number : (561)833-4209

2015 MAR 18 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: gkino@ciklinlubitz.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
## CANOPY CAFE 33435 LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | $25.00 |

RECEIVED
15 MAR 18 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL INFORMATION SERVICES

MAR 19 2015
D. BRUCE

Electronic Filing Menu Corporate Filing Menu Help

(((H15000068603 3)))

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

Canopy Cafe 33435 LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/07/2014 and assigned Florida document number L14000123871

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." 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)*

PO Box 1340
Boynton Beach, FL
33435

2015 MAR 18 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City* , Florida *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 Changing Registered Agent, Signature of New Registered Agent



(((H15000068603 3)))

(((H15000068603 3)))

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGR | James W. Hall | P.O. Box 1340<br>Boynton Beach, FL 33435 | ☒ Add<br>☐ Remove |
| MGR | Matt King | 503A N. Federal Hwy<br>Boynton Beach, FL 33435 | ☐ Add<br>☒ Remove |
| CNSL | James Hall | 503A N. Federal Hwy<br>Boynton Beach, FL 33435 | ☐ Add<br>☒ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |

FILED
2015 MAR 18 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



(((H15000068603 3)))

(((H15000068603 3)))

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 18, 2015.

Signature of a member or authorized representative of a member

James W. Hall
Typed or printed name of signee

FILED
2015 MAR 18 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Filing Fee: $25.00

(((H15000068603 3)))