## L14000/46022

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
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SECRETARY OF STATE

N'AR 1 7 2015

T. HAMPTON

r,

SUBJECT:	CANTON	REAL ESTATE LLC		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limi	ted Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
lease return	all correspon	ndence concerning this matter	to the following:	
		Gus R. Benitez, Esq	uire	
			Name of Person	· · ·
		BENITEZ LAW GRO	OUP PL	
			Firm/Company	<del></del>
		1223 East Concord	Street	
			Address	
		Orlando, FL 32803		
			City/State and Zip Code	
		GUS@ARBENITEZ.	COM to be used for future annual rep	ant satisfaction)
For further i	nformation o	ncerning this matter, please $\alpha$		on intinebacity
Gus R. B	enitez, Es	quire	407 894	-5000
<u> </u>	Name of	Person	Area Code	Daytime Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.001		□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	\$60.00 Filing For Certificate of St

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CANTON REAL ESTATE LLC		
•••••	v Company as it now suppears on our records.)	
(A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	omnany were filed on 09/18/2014	and assigned
Florida document number L14000146022	onipany 77010 111-00 011	
Florida document number	<u> </u>	Þ
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
LANCELOT AMERICA, LLC		
The new name must be distinguishable and end with the words "Lin	nited 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 ADDR	PESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del> </del>
		·
B. If amending the registered agent and/or registered agent and/or the new registered office add		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
•	. Florid	
	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 Changing Registered Agent, Signature of New Registered Agent

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			□ Add
			□ Remove
			Add
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	<b>y</b> .
(The effect the date t	e date, if other than the date of filing:  (optional)  ive date must be specific, cannot be prior to date of receipt or find date and cannot be more than 90 days after his document is filed by the Florida Department of State)
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(The effect the date t	ive date must be specific, cannot be prior to date of receipt or fried date and cannot be more than 90 days after his document is filed by the Torida Department of State)
(The effect the date t	ive date must be specific, cannot be prior to date of receipt or fried date and cannot be more than 90 days after his document is filed by the Florida Department of State)
(The effect the date t	ive date must be specific, cannot be prior to date of receipt or fried date and cannot be more than 90 days after his document is filed by the Torida Department of State)

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Filing Fee: **\$25.00** 

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AHASSEF, FLORID