

OCT/15/2014/WED 11:47 AM  
10/14/2014

L14000156325  
FAX NO.  
Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Attn: Tim

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CANARY ISLAND 1590, LLC

Certificate of Status	0
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16 OCT 15 1 16 2014

OCT/15/2014/WED 11:48 AM  
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FAX No. P. 002  
10/15/2014 10:53:02 AM PAGE 1/001 Fax Server



October 15, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CANARY ISLAND 1590, LLC  
1120 S POWERLINE RD  
POMPANO BEACH, FL 33069

SUBJECT: CANARY ISLAND 1590, LLC  
REF: L14000156325

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

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

Tim Burch  
Regulatory Specialist II

FAX Aud. #: H14000240714  
Letter Number: 614A00022068

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**CANARY ISLAND 1590, 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 10/07/2014 and assigned Florida document number L14000156325.

This amendment is submitted to amend the following:

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

**ARECA 1146, LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)**

FILED  
14 OCT 15 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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**

OCT/15/2014/WED 11:48 AM

FAX No.

P. 004

**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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 **OCTOBER 14** **2014**

Signature of member or authorized representative of a member

*Carmen Y. Hernandez, AR*  
Typed or printed name of signer

**FILED**  
14 OCT 15 PM 6:45  
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