## <u>U14000192179</u>

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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FEB O 9 7FT J. HARRIS

## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:	Can Co Real	1 ESTATE LL ted Liability Company	<u>C</u>
	Amendment and fee(s) are subi	_	
Please return all correspo	ondence concerning this matter t	to the following:	
	CARY	VANANNUGEP Name of Person	
	(ARY)	U LLC	
		Firm/Company	
	424 R	WERSIDE DRI	15
	PALM BO	ACH GARWEW , City/State and Zip Code	FU 33-410
·	CUN M-mail address: (1	Oll South Net- o be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	II:	
Mame o	AnAntucy of Person	at $(\frac{SU(1)}{Area Code}) = \frac{3}{4}$	Y702— Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$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)
	ING ADDRESS:	STREET/COURING	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CHECK SUBMITTED - RETENDED 1/34/18



January 30, 2018

CARY VANANTWERP 424 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410

SUBJECT: CARYCO REAL ESTATE, LLC

Ref. Number: L14000192179

We have received your document for CARYCO REAL ESTATE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 and 3 is missing.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jenna D Harris Regulatory Specialist II

Letter Number: 318A00001993

RECEIVED
FEB 0.9 2018

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Canco Real Estat (Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records	<u>s.</u> )
The Articles of Organization for this Limited Liability Company we Florida document number $21400019.2119$ .	ere filed on $12/15$	114 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company "the designation "LLC"	" or the abbreviation "L. I. C."
Enter new principal offices address, if applicable:	A/A	
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	м/н-	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ee address on our records	s, enter the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:	MA Enter Florida street address	s
	City.	orida
	νiņ.	mp cont

## 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MA MGR = Manager AMBR = Authorized Member Title 1 Address **Type of Action** <u>Name</u> ☐ Add □ Remove \_\_\_\_ Change \_□ Add \_□ Remove ☐ Change \_□ Add □ Remove ☐ Change \_□ Remove \_\_\_\_Remove 🛱 Change \_□ Add ☐ Remove

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Filing Fee: \$25.00