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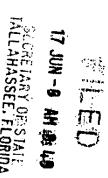
(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

то:				,
S11B1F7		# TO CANARIO LLC	# 	
SODJE	~1·	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	endence concerning this matter	to the following:	
	Division of Corporations EL GALLITO CANARIO LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: VIVIAN WILLIAMS Name of Person FLORIDA ANNUAL REPORT SERVICES INC Finn/Company 2300 CORAL WAY Address MIAMI, FLORIDA 33145 City/State and Zip Code VIVIAN@CANTERATAX.COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: IIAN WILLIAMS Name of Person Area Code Daytime Telephone Number osed is a check for the following amount: \$25.00 Filing Fee			
			Name of Person	
		FLORIDA ANNUAL REF	PORT SERVICES INC	
			Firm/Company	
		2300 CORAL WAY		
			Address	
		MIAMI, FLORIDA 33145		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		•		
		E-mail address: (to be used for future annual report notifi	ication)
For furth	er information c	oncerning this matter, please ca	all:	
VIVIAN	WILLIAMS		at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne 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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FI	GALL	ITO	CANA	DIO	HC	
LL	UAL	_110	CAINA	NIO.		

(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 Liab	oility Company were filed on 01/06/2015	and assigned
Florida document number L15000002065	·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
AMELIA'S 1931 LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
B. If amending the registered agent and/or	registered office address on our record	Is, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	'SS
	, Fl	lorida
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent:	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Change
	·		Add
			□ Remove
			☐ Change
			□ Add
			move.
			Change
			S A Add
			Remove
			☐ Change
		-	Add
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		4.5		
Note	effective date, if other than the date of filing: (optional) (fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a ment's effective date on the Department of State's records.	want to 605 not be liste	.0207 (3) ed as the	b)
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to e 90th day after the record is filed.	he ear l ie	er of:	
Date	1 6 8 17 Comment			
	x Ligniture of a member or authorized representative of a member			

Page 3 of 3

Filing Fee: \$25.00