

LI 50000 26429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

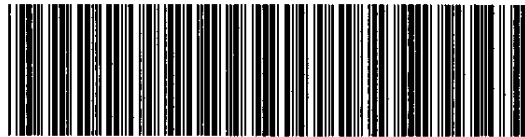
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700272175807

04/27/15--01006--002 \*\*25.00

FILED  
15 APR 27 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED MAY 01 2015

Fabrikant & Hernandez, P.A.

1909 Tyler Street, Suite 416

Hollywood, Florida 33020

Tel. (954) 966-0881

Email: [m.fabrikant@fabrikant.com](mailto:m.fabrikant@fabrikant.com)

April 20, 2015

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

RE: Articles of Amendment of ELJHON NUMBER 1 FLORIDA, LLC  
Document Number L 15000026429

Dear Sir or Madam:

Enclosed please find cover letter with Articles of Amendment to Articles of Organization of the above referenced LLC. , together with a check in the amount of \$25.00 for the filing fee.

Kindly register the enclosed so that the referenced changes can be made.

Thank you for your attention to this matter.

Very truly yours,



MICHAEL . FABRIKANT

ENCLS.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CANARY ISLAND FLORIDA, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIRYAM ELISA DIAZ  
Name of Person

AMATISTA'S FLORIDA LLC  
Firm/Company

857 VANDA TERRACE  
Address

WESTON, FL 33327  
City/State and Zip Code

amatista1112@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Fabrikant at (954) 966-0881  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

ELTHON NUMBER 1 FLORIDA, 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 2/11/2015 and assigned Florida document number L15000026429

This amendment is submitted to amend the following:

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

CANARY ISLAND FLORIDA, LLC  
The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

857 VANDA TERRACE  
WESTON, FL 33327

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

857 VANDA TERRACE  
WESTON, FL 33327

**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:

MIRYAM ELISA DIAZ

New Registered Office Address:

857 VANDA TERRACE

Enter Florida street address

WESTON

City

Florida

33327

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

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

AMBR AMATISTA'S FLORIDA, LLC 857 VANDA TERR. WESTON, FL 33327 ☒ Add

☐ Remove

AMBR ELTHON NUMBER 4 857 VANDATERR. ☐ Add  
FLORIDA LLC WESTON, FL 33327

 Remove

☐ Add

 Remove

 Add

**Remove**

☐ Add☐ Remove☐ Add☐ Remove

SECRETARY OF'S AIE  
ALLIANCE, FLORIDA

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 4/20, 2015.

  
Signature of a member or authorized representative of a member

Miryam Elisa Diaz President, AMATISTA'S  
Typed or printed name of signer FLORIDA, LLC

FILED  
15 APR 27 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA