# Lisoppe 47057

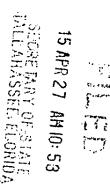
(Requestor's Name)	
(Address)	
(Address)	•
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	s
Special Instructions to Filing Officer:	

Office Use Only



500272142585

04/27/15--01019--009 \*\*25.00



FIRC 1 O YAM CLEARES IL

## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUID	Cabana(	Co, LLC		
SUB	JECT:	Name of Limi	ted Liability Company	
		Amendment and fee(s) are sub	-	
Pieas	se return all correspo	ndence concerning this matter t		
		Carol L Nichols, CPA		
			Name of Person	
		Carol L Nichols, CPA	A, PA	
			Firm/Company	W 2 · ·
		101 Whitehall Drive,	Suite 101	
			Address	-
		St. Augustine, FL 32	2086	
			City/State and Zip Code	<del>, , , , , , , , , , , , , , , , , , , </del>
		joshcabana@yahoo.d	com o be used for future annual report notifica	tion)
				tion)
For f	further information of	oncerning this matter, please ca	ıli:	
Ca	rol L. Nichols, C	PA	904 794-7906 at ()	
	Name o	f Person	Area Code Daytime To	elephone Number
Encl	osed 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

	ABANACO, LLC		
(Name of the Limited Liabili (A Florid	ty Company as it now appea a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability (	Company were filed on	3-16-2015	and assigned
Florida document number L15000047057	•		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	ited liability company h	ere:	
CABANACO., LLC			
The new name must be distinguishable and end with the words "Li	mited 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 ADDI	RESS)		
		<del>-</del>	
	· <del></del>	·	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3 11 100 10 11 100 10 11 100 10 11 10 10	·		
	<del></del>		<u> </u>
B. If amending the registered agent and/or regis	stered office address or	our records, ente	r the name of the ne
registered agent and/or the new registered office add			5.6 5
			音音 量
Name of New Registered Agent:			35 N
Naw Booistand Office Address			HA TON
New Registered Office Address:	Enter Flo	rida street address r	
		() Florida:	
<del></del>	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

IGR = M	Member being added or rem an: er uth rized Member	oved trom our records:	
itle	<u>Name</u>	Address	Type of Action
			Add
		<del></del>	□ Remove
<u> </u>			Add
			□ Remove
			Add
		<del></del>	Remove
<del></del>			□ Add
			□ Remove
	·		□ Add
			Remove

•	,
e effective date must be sp	than the date of filing: (options becific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the by the Florida Department of State)
e effective date must be sp e date this document is file	secific, cannot be prior to date of receipt or filed date and cannot be more than 90 days afte
e effective date must be sp the date this document is file	pecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)
ne effective date must be sp	secific, cannot be prior to date of receipt or filed date and cannot be more than 90 days afte

Page 3 of 3

Filing Fee: \$25.00

