L10000013018

(Re	equestor's Name)
(Ac	ddress)
(Ac	idress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	NOV - 3 2022
	Office Use Only



2022 HOV -2 AN 9: 33

2022 NOV-2 FILL: 22

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624	ERVICES, INC.
	S ACCOUNT: 120210000160 AMOUNT: \$60.00
Walk in	Pick up time
Mail out	Will wait
Photocopy	
_X Certificate of Status NEW FILINGS	<u>AMMENDMENTS</u>
	X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMerger
Profit Not for Profit Limited Liability Domestication Other CORP	XAmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversionAFFIDAVID BY FOREIGN CONTROL REGISTERATION/QUALIFICATIONSForeign filing
Profit Not for Profit Limited Liability Domestication Other CORP OTHER FILINGS	XAmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversionAFFIDAVID BY FOREIGN CONTROL REGISTERATION/QUALIFICATIONS

AUTHORIZATION SIGNATURE: Cantina Interest, LLC L16000	S ACCOUNT: 120210000160 AMOUNT: \$60.00 —————————————————————————————————
BUSINESS (Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
_X Certificate of Status	
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NEW FILINGS Profit Not for Profit Limited Liability Domestication Other CORP	AMMENDMENTS X_AmendmentResignation of R.A. Officer/DirectionChange of Registered AgentDissolution/WithdrawalMergerConversion
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Profit Not for Profit Limited Liability Domestication Other CORP	XAmendmentResignation of R.A. Officer/DirectionChange of Registered AgentDissolution/WithdrawalMergerConversionAFFIDAVID BY FOREIGN

COVER LETTER

TO: Registration Se Division of Cor			
Cantina Int	erest, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Janice Maffucci		
		Name of Person	
	Cantina Interest, LLC		
		Firm/Company	
	42 N. Pine Circle		
		Address	
	Belleair, FL 33756		
		City/State and Zip Code	•
	bskfinancial@aol.com	to be used for future annual report notifica	
B. C. danieleranian			ation)
	concerning this matter, please c		
Bernard R. Skerkowski		813 758-2279 at()	
Name o	of Person	Area Code Daytime T	Celephone 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)
Mailing Addre		Street Address:	ion
Registration Division of 0		Registration Section Division of Corporation	
P.O. Box 633		The Centre of Tal	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cantina Interest, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)	# E 3
ne Articles of Organization for this Limited Liability Colorida document number L16000043(68	mpany were filed on March 1, 2016	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
ne new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L1.C" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	ESS)	
nter new mailing address, if applicable:		
Agiling address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter the n	same of the new registers
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, 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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Janice Maffucci	42 N. Pine Circle	
		Belleair, FL 33756	□Remove
			☐ Change
			□Remove
			□Change
			□Add
			□ Remove
			Change
 ·			
			□Change
			🗀 Add
			□Remove
			Change
			□Add
			□Remove
			□ Chanca

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	Richard A. Earley, JR.		Signature of a member or actionized representative of a member

Filing Fee: \$25.00