

L16000043957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

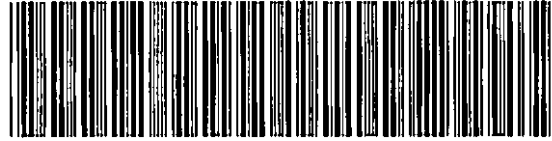
(Business Entity Name)

(Document Number)

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

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Office Use Only



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08/02/21--01027--005 \*\*25.00

FILED  
2021 AUG 24 PM 2:33  
CLERK OF STATE  
TALLAHASSEE, FL



RECEIVED

2021 AUG 27 AM 11:55

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 16, 2021

CANZ FAMILY LLC  
1200 buckhorn way  
ST. AUGUSTINE, FL 32092

SUBJECT: CANZ FAMILY LLC  
Ref. Number: L16000043957

We have received your document for CANZ FAMILY 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):

Amendment or Cancellation of statement of Authority can be filed only if you filed Statement of Authority. If you want to close the business the correct form will be attached to the letter.

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) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 321A00019552

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

CANZ Family 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:

Gloria Obie

Name of Person

Firm/Company

1200 Buckhorn Way

Address

St Augustine, FL 32092

City/State and Zip Code

g-obie@sbcglobal.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gloria Obie

Name of Person

at

904

Area Code

625-2426

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)

As per  
attached letter  
already received

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Canz Family 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 8/24/2021 and assigned Florida document number L16000043957

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1200 Buckhorn Way  
St. Augustine, FL  
32092

**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:

Gloria Obie

New Registered Office Address:

1200 Buckhorn Way

Enter Florida street address

St. Augustine

Florida

32092

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.*

Gloria Obie

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>	<u>Address</u>	<u>Type of Action</u>
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MGR	Gloria Obie	1200 Buckhorn Way St. Augustine, FL 32092	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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AMBR	Miranda Shepherd		<input type="checkbox"/> Add <input type="checkbox"/> Remove
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AMBR	Delores Kaleel	3233 Gordon St. Orange Park, FL 32073	<input checked="" type="checkbox"/> Change
	<u>SAME</u>	29 Hannah Cole Dr. St. Augustine, FL 32080	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

AMBR	Dina Atallah	8145 Hunters Grove JACKSONVILLE, FL 32256	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
	<u>SAME</u>		

			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Changing Manager and registered agent from Miranda Shepherd to Gloria Obie.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 8/24, 2021.

Miranda Shepherd

Signature of a member or authorized representative of a member

Miranda Shepherd

Typed or printed name of signee