## L160000570 19

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D. SCOTT **OCT** 2 5 2013

## **COVER LETTER**

Divi	ision of Corp	orations					
CUDIE <i>C</i> T.	CANE LLC						
SUBJECT:		Name of Lim	ited Liability Company			* · •	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:				
		Odalys M. Ibrahim, Esquir	e				
Name of Person							
		Ibrahim Law, P.A.					
	Firm/Company						
	11200 Pines Boulevard Suite 200						
	Address						
		Miami, Florida 33026					
			City/State and Zip Code				
		oibrahim@ibrahimlawpa.co		16			
For further ir	nformation co	E-mail address: (i	to be used for future annual	report notification)		SECR TALL	
Odalys Ibrah	nim, Esquire		954 43	8-8393		至日の	兰
	Name of I	Person	Area Code	Daytime Teleph	one Number	TARY OF S	FILED W & 24
Enclosed is a	check for the	following amount:				000	ે. 2
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		Certified C	ng Fee, For of Status &	<i>5</i> -

**MAILING ADDRESS:** 

TO:

**Registration Section** 

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

CANE LLC					
(Name of the Limited Li (A F	lability Compar lorida Limited L	ny as it now appears on our records.) iability Company)			
The Articles of Organization for this Limited Liabili Florida document number L16000057019	ity Company	were filed on 03/21/2016	and assigned		
This amendment is submitted to amend the following	ig:				
A. If amending name, enter the new name of the	limited liabi	ility company here:			
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable	:				
(Principal office address MUST BE A STREET A	DDRESS)	11200 PINES BOULEVARD, SUITE 200			
		PEMBROKE PINES, FLORIDA 33026			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	K)	SAME AS ABOVE			
B. If amending the registered agent and/or registered agent and/or the new registered office	•	The state of the s	enter the name of the ne		
Name of New Registered Agent:	BRAHIM LAV	W, P.A.	歸內卫		
New Registered Office Address:	11200 PINES BOULEVARD, SUITE 200  Enter Florida street address		25 E		
P	EMBROKE P		ida 33026 F. S. F.		
_	. <u>-</u>	City	Zip Zode Z		
New Registered Agent's Signature, if changing Regis	stered Agent:		32-		

New Registered Agent's Signature, it 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
AR	ERASMO IBRAHIM	11200 PINES BOULEVARD #200	<b>_</b> Add
		PEMBROKE PINES, FL 33026	☐ Remove
			☐ Change
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Filing Fee: \$25.00