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**S Warren** APR 1 7 2017

## **COVER LETTER**

Division of Corporations
SUBJECT: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:
Name of Person
TRENDING PLUG, UC.
SI E JEFFERSON ST. #1982
ORLANDO, FL 32802 City/State and Zip Code MRAMOS@CABANASCAPITAL. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) SOX-8428  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  \$\Bigcup \$25.00 Filing Fee & 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

Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 160005749	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
CABANAS CAPITA	LL, LLC
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	- J A
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	IA
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if 163 dogsment is

If Changing Registered Agent, Signature of New Registere

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 **Type of Action** <u>Title</u> <u>Address</u> <u>Name</u> \_□ Add ☐ Remove ☐ Change \_□ Add \_□ Remove ☐ Change

	□ Add
	☐ Remove
	□ Change
tota ula fa u	Add
	☐ Remove
	□ Change
	TALLAHASSEE FLORIDA  Remove

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:	207 (3)(b) as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filed.	of:
Dated April 774, 2017.	
Signature of a member or authorized representative of a member  SSET OF Typed or printed name of signee  Signature of a member	
Page 3 of 3	·

Filing Fee: \$25.00