

L16 000100500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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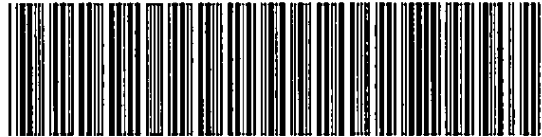
(Business Entity Name)

(Document Number)

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FILED  
AUG 11 11:42  
2021

AUG 4 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CANANVILLE U.S.A., 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:

Stephen J. Kolski

\_\_\_\_\_  
Name of Person

Stephen J Kolski & Associates, PA

\_\_\_\_\_  
Firm/Company

2020 Ponce De Leon Blvd., Suite 905A

\_\_\_\_\_  
Address

Coral Gables, Florida 33134

\_\_\_\_\_  
City/State and Zip Code

francescotorri@cananville.com

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

For further information concerning this matter, please call:

Stephen J. Kolski

305 371-9576  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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)

**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**

CANANVILLE U.S.A., 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 May 17, 2016 and assigned  
Florida document number L16000100500.

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:**

8200 NW Ave., 41 St.

**(Principal office address MUST BE A STREET ADDRESS)**

Suite 200

Office Cananville USA

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

8200 NW Ave., 41 St

**(Mailing address MAY BE A POST OFFICE BOX)**

Suite 200

Office Cananville USA

**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:

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Francesco Torri	8200 N.W. 41st Street	<input type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Doral, Florida 33166	<input checked="" type="checkbox"/> Change
MGR	Juan Torri	8200 N.W. 41st Street	<input type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Doral, Florida 33166	<input checked="" type="checkbox"/> Change
AMBR	Nelly D. Rodriguez	8200 N.W. 41st Street	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Doral, Florida 33166	<input type="checkbox"/> Change
AMBR	Antonella Torri	8200 N.W. 41st Street	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Doral, Florida 33166	<input type="checkbox"/> Change
AMBR	Giuseppe Torri	8200 N.W. 41st Street	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Doral, Florida 33166	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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 July 15th 2021

Francesco Torri

**Filing Fee: \$25.00**