

LI6000230101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

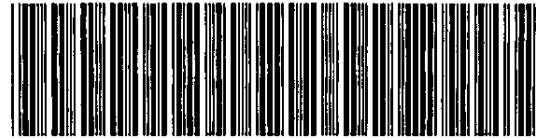
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000293575300

01/18/17--01006--014 **25.00

2017 JAN 18 P 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

JAN 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LSL Can Do **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:

Bill Hazere

Name of Person

Sunshine Corporate Filings LLC

Firm/Company

3030 N Rocky Point Dr. Suite 150 A

Address

Tampa, FL 33607

City/State and Zip Code

agent@floridaregisteredagent.com

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

For further information concerning this matter, please call:

Bill Hazre

813

575-1161

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

LSL Can Do 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 12-15-2016 and assigned
Florida document number L16000230101.

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) _____

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

FILED
JAN 18 PM 4:31
CLERK OF STATE
TALLAHASSEE, FLORIDA

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>
AMBR	Sperian Robinson	3030 N Rocky Point Dr Suite 150	☒ Add
		Bill Hazre	☒ Remove
			☒ Change
MGR	Bill Hazre		☒ Add
			☐ Remove
			☐ Change
MGR			☒ Add
			☐ Remove
			☐ Change
MGR			☐ Add
			☐ Remove
			☐ Change
MGR			☐ Add
			☐ Remove
			☐ Change
MGR			☐ Add
			☐ Remove
			☐ Change
MGR			☐ Add
			☐ Remove
			☐ Change

2011 JUN 18 P 4:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED

1

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.

Dated 1-11-2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2017 JUN 18 PM 4:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA