L18000136993

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COVER LETTER

TO:	Registration Section Division of Corporations	
	Aunalor Floitas 160	
SUBJE	ECT: Canales Fleitas LLC Name of Limited Liability Company	1
		1
The end	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Mario Gonzalez Santos	
	Canales Fleitas LLC Firm/Company	
	7512 Brookhaven of	
	Tampa 72 33634 City/State and Zip Code	
	E-mail address: (to be assed for future angula report notification)	
For furt	ther information concerning this matter, please call:	
A	lani Gonessey Scytos at (213) 842 909 - Name of Person Area Code Daytime Telephone Nu] 3
	Name of Person Area Code Daytime Telephone Nu	mber
□ \$ 2:	Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	Of Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Sui Tallahassee, FL 32303	tc 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Canales Heitas LLC	<u> </u>
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
	1/2/01/01/01
The Articles of Organization for this Limited Liability Company were filed on _	and assigned
Florida document number <u>L 18000136993</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	nere:
Mr Butteer Solution LLC	
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)	
Trinchar office address most be A street Abbrillion	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	·
	ii ii
B. If amending the registered agent and/or registered office address on our	records, enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent: Marie Jones New Registered Office Address: 7512 Brooks	alez Santos
New Registered Office Address: 7512 Brooks	over of
Enter Fi	orida street address
Tamba	Florida 32634
Chy	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 provisions of all statutes relative to the proper and complete performance of	of my duties, and I am familiar with and
accept the obligations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office address, I her company has been notified in writing of this change.	
If Changing Registered /	Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: (Attach additional sheets, if ned	essary.)
	<u> </u>
	\ <u> </u>
	.
(If an effective date, if other than the date of filing:	ional) or filing.) Pursuant to 605.0207 (3)(this date will not be listed as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (ecord is filed.	b) The 90th day after the
Dated April, 17 2024.	
Signature of a member or authorized representative of a member	
Marie Gonzalet Santos Typed of printed name of signee	
Typed or printed name of signee	

Filing Fee: \$25.00

If amendir or removed	ng Authorized Person(s) authorized from our records:	ed to manage, <u>enter the title, name,</u> a	nd address of each person being add
MGR = N AMBR = N	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
	 -		🗖 Add
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		_	□Add
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			□Change
			□Add
			□Remove
			□Change



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Detail by Entity Name

Florida Limited Liability Company CANALES FLEITAS LLC

Filing Information

Document Number

L18000136993

FEI/EIN Number

83-0794611

Date Filed

06/01/2018

Effective Date

06/01/2018

State

FL

Status

ACTIVE

Principal Address

7512 Brookhaven ct TAMPA, FL 33634

Changed: 04/11/2024

Mailing Address

7512 Brookhaven ct TAMPA, FL 33634

Changed: 04/11/2024

Registered Agent Name & Address

Gonzalez Santos, Mario 7512 Brookhaven ct TAMPA, FL 33634

Name Changed: 04/11/2024

Address Changed: 04/11/2024

Authorized Person(s) Detail

Name & Address

Title MGR

GONZALEZ SANTOS, MARIO

7512 Brookhave ct TAMPA, FL 33634

Annual Reports

Report Year	Filed Date
2022	04/25/2022
2023	04/24/2023
2024	04/11/2024

Document Images

04/11/2024 ANNUAL REPORT	View image in PDF format
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03/31/2021 ANNUAL REPORT	View image in PDF format
05/23/2020 ANNUAL REPORT	View image in PDF format
04/23/2019 ANNUAL REPORT	View image in PDF format
06/01/2018 Florida Limited Liability	View image in PDF format

Florida Department of State, Division of Corporations