K18000161663

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COVER LETTER

Tallahassee, FL 32314

TO: Registration: Division of Co			
	CANAL LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	BRIAN C. PERLIN		
		Name of Person	
	BRIAN C. PERLIN, P.A.		
		Firm/Company	
	201 Alhambra Circle, Ste.	503	
		Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	
	brian@perlinestateplanning	.com to be used for future annual report noti	fleation)
For further information	n concerning this matter, please ca		······································
Brian C. Perlin		305 443-3104	
Name	e of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addi</u> Registration Division of P.O. Box 6	n Section Corporations	<u>Street Address:</u> Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRAND CANAL, LLC

(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 118000161663	y Company were filed on 7/3/2018	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	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 AD	DRESS)	·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	-	
Making uturess MAT BE ATOST OFFICE BOAT	-	
B. If amending the registered agent and/or registe		me of the new regis
gent and/or the new registered office address here	<u>e</u> :	ن - ب مراب
		531733
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street address	
	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.

It 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
MGR	LOURDES E HUGUET	1065 NW 127 PATH	□Add
		MIAMI, FL 33182	≡ Remove
			□Change
MGR	JUAN C. HUGUET, PER REP	10213 SW 21 TERRACE	■Add
		MIAMI, FL 33165	□Remove
			□Change
			□Remove
			Change
			🗀 Add
			□Remove
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<u>ic.</u> 11 til	ic date ilisi	ented in this	he date of nust be specif block does Departmen	not meet u	ne applicai	date of filing the statutory	g or more than	(opt in 90 days afte direments, th	ional) er tiling.) Pur is date will	suant to 605.020 not be listed a
cord spe s filed.	eciñes a de	layed effec	tive date, bu	it not an ef	fective tin	e, at 12:01	a.m. on the	earlier of: (b) The 90	th day after the
ed <u>F</u>	ebric	W4 19	-	2	021	11				
-			Signature	of a mombe	or author	Zen renresen	tative of a m	umber		
			_	I = I T	ングツ	A ZIPI SOU	mire or a m	CHIOCI		

Filing Fee: \$25.00