L18000290387

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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:						•
eub iez		Ancan Servi	ices	ė		
SUBJEC	CI; _		Name of Lim	ited Liability Company		
The encl	losed i	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please re	Name of Limited Liability Company Inclosed Articles of Amendment and fec(s) are submitted for filing. return all correspondence concerning this matter to the following: Angelo M Canales Name of Person AncanServices Firm/Company 8345 Kelsali Drive Address Orlando, FL 32832 City/State and Zip Code angelo3rd@aol.com E-mail address: (to be used for future annual report notification) rther information concerning this matter, please call: o M Canales Name of Person Area Code Daytime Telephone Number seed is a check for the following amount: 25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status Certificed Copy (additional copy is enclosed)					
			Angelo M Canales			
			***************************************	Name of Limited Liability Company endment and fee(s) are submitted for filing. nee concerning this matter to the following: Angelo M Canales Name of Person AncanServices Firm/Company 8345 Kelsall Drive Address Orlando, FL 32832 City/State and Zip Code angelo3rd@aol.com E-mail address: (to be used for future annual report notification) erming this matter, please call: at (407 312-9519 312-9519) rson		
			AncanServices			
				Firm/Company		
			8345 Kelsall Drive			
				Address		
			Orlando, FL 32832			
				City/State and Zip Code	: :	
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For furth	her inf	ormation co			· report notificatio	,
Angelo	M Cai	nales			12- 9519	
		Name of	Person		Daytime Tele	phone Number
Enclosed	d is a c	check for th	e following amount:			
\$25	.00 Fi	ling Fee		Certified Copy		Certificate of Status & Certified Copy
		ing Address		Street A		
		istration S sion of C	orporations	-	ration Section on of Corpora	
		Box 632			entre of Tallah	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	ty Company as it now appears on our records. Limited Liability Company))
(A Fiorida	Channed Clabinty Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on 12/19/2018	and assigned
Florida document number L18000290387	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2021
(Principal office address MUST BE A STREET ADDR	(ESS)	-
		
		PH D
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>-</u>
B. If amending the registered agent and/or registered	d office address on our records, <u>enter t</u>	he name of the new regi
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
The sagareted Cities Hadison	Enter Florida street address	
	, Flor	
r new mailing address, if applicable: ling address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered of t and/or the new registered office address here:	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Angelo J Canales	14609 Velleux Dr	□Add
		Orlando, FL 32837	■Remove
			□Change
		.	
			Remove CT CHamge PHAdd
			PHAdd CS Remove
			□Change
			□Add
			□Remove
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			Remove
			Change
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			□Change

Effective date, if other than the date of filing: [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 Note: [17 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list locument's effective date on the Department of State's records. [28] [28] [29] [20]							.		_
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/Signature of a member or authorized representative of a member		1 1		The Co					
Angelo J Canales	,	nember or :	authorized re	oresentative	of a mem	per			