## L190000 83558

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900328432959

05/06/19--01043--004 \*\*25.00

Mame Chx

MAY 1 6 2019 I ALBRITTON

## **COVER LETTER**

TO: Registration Se Division of Cor		•	
SUBJECT: NR	Canyas Commerci Name of Limi	al LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kristofor W. N	Name of Person	· <del></del>
	N.R. Group N	langueset, Fic.	
	1111 Pank (	Lentre Boulevad Sa	J= 480
		FL 33/69 City/State and Zip Code	
	Kine Son & hr this of	Stmorts Com to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
Kristal- Nelsi	of Person	at ( <u>GS4</u> ) <u>SSG-</u> 59 Area Code Daytim	97 e Telephone Number
Enclosed is a check for t	he following amount:		
SS \$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

NR Canas Commercial L	Company as it now appears on or Limited Liability Company)	ur records.)	
(A Florida )	Limited Liability Company)	,	
The Articles of Organization for this Limited Liability Co Florida document number <u>L 内 00</u> 04を355 <b>東</b> 8	ompany were filed on <u>3/26</u> 	/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
Canuas Commercial LLC The new name must be distinguishable and contain the words "Limit			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designat	ion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR)	ESS)		
		• • • • •	2019
Enter new mailing address, if applicable:			1
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			<u> </u>
			က်
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		records, enter th	_
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	vet address	
		Florida	
<del></del> -	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</u> <u>being added</u> <u>or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
			□ Change

				-		· •			_ <del></del>
				<del>_</del>	_				
							<u> </u>		
									<del></del>
					<del>-</del>		<del>-</del>		
	_								
	<del></del>								<del></del>
		<del></del>							<u>-</u>
lf an effecti <u>Note:</u> If	ive date is fisted, the date inserte	r than the date the date must be s ed in this block of te on the Depart	pecific and loes not ir	cannot be pr reet the app	licable statu		han 90 days at		
		a delayed eff er the record		late, but i	not an effe	ective time	e, at 12:01	a.m. on th	e earlier of
Dated	May	3 2 1 X 1 X Sign	 N	2019	·				
		1 1 7 7 7							
		Sign	ature of a r	nember or au	ithorized repr	esentative of a	member	<del> </del>	

Page 3 of 3

Filing Fee: \$25.00