

(Requestor's Name)
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(Duningan Entity Nama)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor			
CUDI		PLE STREET, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
Please	return all correspo	ndence concerning this matter	to the following:	
		ALEXANDER STANTON	V	
			Name of Person	
		TENN MAPLE STREET.	LLC	
			Firm/Company	
	Firm/Company 2103 S. OCEAN BLVD UNIT #2C			
		<u> </u>	Address	
		DELRAY BEACH, FL 33-	483	
		ALEXSTANTON65@GM/	City/State and Zip Code AIL.COM	
		E-mail address: (to be used for future annual report notif	neation)
For fu	rther information co	oncerning this matter, please ca	all:	
ALEXANDER STANTON			615 517-4972	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
₽ \$2	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

TENN MAPLE STREET, LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	d on April 19, 2019 and assigned
forida document number L19000107829	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability com	pany here:
CANEIRISH, LLC	
he new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
THE PART OF THE BUT ASTREET ADDRESS	
	m)
	
nter new mailing address, if applicable:	<u>o</u>
Mailing address MAY BE A POST OFFICE BOX)	*
	<u></u> ·
	=
3. If amending the registered agent and/or registered office add	ress on our records, enter the name of the
egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
N D 1 100 A 11	
New Registered Office Address:	Enter Florida street address
·	, Florida
City	Zin 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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
		<u>. </u>	☐ Change
			□ Remove
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	C	CTOBER 21, 2	2019		
ective date, if other than the effective date is listed, the date mu				(optional))
e: If the date inserted in this bi ument's effective date on the D	ock does not meet	the applicable.	statutory filing re	quirements, this dat	e will not be listed
record specifies a delayed he 90th day after the rec	feffective date ord is filed.	e, but not an	effective tim	e, at 12:01 a.m	. on the earlier
ed OCTOBER 18		019			
M S l	1		representative of a		

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Typed or printed name of signee

Filing Fee: \$25.00