Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000344061 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

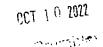
Email Address: Office Deflatin acounting com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CANARAN LLC**

Certificate of Status	0	
Certified Copy	0	
Page Count	01	
Estimated Charge	\$25.00	

Electronic Filing Menu Corporate Filing Menu

Help



## **COVER LETTER**

TO:	Registration Sec Division of Corp			•
	CANARAN	Luto		
SUBJE	CT;	Name of Limi	ted Liubility Company	
The encl	lased Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		DIEGO FIGUEROA		
			Name of Person	
		E & F LATIN GROUP LL	c	
		<del></del>	Firm/Company	B:  Person  Impany  TE 109  TE
		RAN LLC  Name of Limited Liubility Company  Set of Amendment and fee(s) are submitted for filing.  respondence concerning this matter to the following:  DIEGO FIGUEROA  Name of Person  E & F LATIN GROUP LLC  Firm/Company  1820 N CORPORATE LAKES BLVD STE 109  Address  WESTON FL 33326  City/State and Zip Code  DIEGO@EFLATINACCOUNTING; COM  E-mail address: (to be used for future annual report notification)  tion concerning this matter, please call:  A 954 384 8565  are of Person  Area Code  Daytine Telephone Number  for the following amount:  cc S30,00 Filing Fee & S55,00 Filing Fee & S60,00 Filing Fee, Certificate of Status & Certified Copy (addrisonal copy is enclosed)  ddress: ion Section Registration Section Division of Corporations		
			Address	S60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)  PSS: On Section of Corporations e of Tallahassee
			City/State and Zip Code	
				, <u>, , , , , , , , , , , , , , , , , , </u>
				intention)
For furt	her information c	oncerning this matter, please of	all:	
DIEGO	FIGUEROA		at ( )	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	ed is a check for the	he following amount:		
<b>≡</b> \$25	5.00 Filing Fce		Certified Copy	Certificate of Status & Certified Copy
	Mailing Address Registration 5			ection
	Division of C	Corporations	Division of Co	rporations
	P.O. Box 632 Tallahassee,			nationassee ne Street, Suito 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CANARAN LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L20000224360	ere filed on 08/04/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		2022
New Registered Office Address:	Enter Florida street address	APPI FA PA SSSS
	City , Florida	ZIP CO 000
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 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>	Name	Address	Type of Action
MGR	SOL ARANDIA	4932 SW 140TH TERRACE	<b>≅</b> Add
<del></del>		MIRAMAR, FL 33025	Remove
			Change
			□Add
			🗀 Remove
			☐ Change
			□Add
			□ Remove
			☐ Change
			□ Add
			□Remove
		<del> </del>	Change
			□Add
			□ Remove
			Change
			□Remove
			Change

		····		·		
					•••	
				· · · · · · · · · · · · · · · · · · ·		
		_				
				<u>.</u>		
	·					
<del></del>						
				<del></del>		
						<del></del>
<del> </del>					•	
	,,					
Effective date, if other (If an effective date is listed, the Note: If the date inserted document's effective date	he date must be sp I in this block do	secific and cannot be nes not meet the a	pplicable statute			
he record specifies a delayer ord is filed.	id officetive date	, but not an effect	ive time, at 12:0	H a.m. on the ear	lier of: (b) The 90t	h day after the
Dated OCTOBER 06		2022				
		Diego	Figuer	OCU iontative of a memb WOOL		
	Signa	ture of a member or	authorize repres	ientative of a meint	ocr	
			/ .	,		