00372177

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	—
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09/22/21--01003--010 **2.50



2021 JUNE 28 AM 8: 09

June 15, 2021

VICTOR PRAWL CANO 2081 51 ST S.W. NAPLES, FL 34116

SUBJECT: CANO CAN DO IT, LLC Ref. Number: L20000372177

We have received your document for CANO CAN DO IT, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 421A00010541

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

CHOLOGT	CANO CAN DO IT L	LC		
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of z	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspon	ndence concerning this matter t	o the following:		
	MARIA	MILA		
		Name of Person		
	MILA GLOBAL SOLUTIO	ONS INC.		
		Firm/Company		
	2661 AIRPORT RD S SUF			
		Address		
	NAPLES, FL 34112			
		City/State and Zip Code	·-	
	mila_globalsolutions@aol.c			
		to be used for future annual	report notification)	
For further information c	oncerning this matter, please co	ıll:		
Maria D. Mila		239 529 at ()	9-5262	
Name o	f Person	Area Code	Daytime Teleph	one Number 21 STP 15
Enclosed is a check for t	he following amount:			P 15
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	EX \$55.00 Filing Fee Certified Copy radditional copy is end		Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Addre		Street A	ddress: ration Section	
Registration Division of O			ation Section on of Corporati	ons

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	o can do it llc			_	
(Name of the Limi	ited Liability Company as it r (A Florida Limited Liability (iow appears on ou Jompany)	records.)		
he Articles of Organization for this Limited L lorida document numberL20000372177	Liability Company were fi	led on1/25/20	20	and as	signed
his amendment is submitted to amend the following	lowing:				
. If amending name, enter the new name o	of the limited liability con	mpany here:			
he new name must be distinguishable and contain the	words "Limited Liability Com	nany," the designati	on "LLC" or the	abbreviation "I	L.C."
nter new principal offices address, if appli	cable:				 -
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)				·
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u></u>				
3. If amending the registered agent and/or	registered office address	s on our record	s, <u>enter the na</u>	me of the M	ew jegiste
3. If amending the registered agent and/or	registered office addressess here: MARIA MILA	s on our record	s, <u>enter the na</u>	STP 15	ew registe
3. If amending the registered agent and/or tgent and/or the new registered office addr Name of New Registered Agent:	<u>ess here</u> :		s, <u>enter the na</u>	27.P	ew registe
B. If amending the registered agent and/or agent and/or the new registered office addr	<u>MARIA MILA</u>			STP 15	ew registe

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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	VICTOR M. PRAWL CANO	2180 51st TERR SW	= Add
		NAPLES, FL 34116	□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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Effective da	ate, if other th	nan the date of	f filing:			(optional)	# 45°	
Note: If the	e date inserted i	date must be spec in this block does on the Departme	s not meet the a_l	pplicable statuto	ing or more than 96 ory filing require	(optional)) days after filing.) I ments, this date w	urstant to 605. ill not besliste	.0207 ed as
	cifies a delayed	l effective date, t	out not an effect	ive time, at 12:0) I a.m. on the ca	rlier of: (b) The	90th day after	the
d is filed.								
SEPT	TEMBER 5th		2021					
Dated			(· /)	· }				
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		117 -	ナイト・レン・グー	7				

Typed or printed name of signee