ha1000519427

(Re	questor's Name)	
(Ade	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
	- SII AS	
	N	14/22

Office Use Only



700380551287

02/07/22--01017--027 **25.00

2022 APR -4 'PM 1: 04
SECRETARY OF STATE
TALL ANA SSEE FI

RECEIVED

2022 APR -4 AM 11: 24

SECREGALL OF STATE TALLAHASSEE, FL

February 21, 2022

JONATHAN POPIEL 800 SPRING CREEK BLVD APT 10202 CRESTVIEW, FL 32536

SUBJECT: PELAGIC CUSTOM CANVAS, LLC

Ref. Number: L21000519427

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must submit all pages for filing. PageS 2 & 3 are missing. All pages must be returned in order to file the document.

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.

Letter Number: 122A00004262

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LÉTTER

то:				
CHRIE				
301316	OI		nited Liability Company	
The enc	dosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Jonathan popiel		
			Name of Person	
	Division of Corporations Pelagic custom canvas, LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. case return all correspondence concerning this matter to the following: Jonathan popiel			
			Firm/Company	
		800 spring creek Blvd apt	.10202	
			Address	
		Crestview, FL. Us 32536		
		Innathan popiul@aal.com	City/State and Zip Code	V San Calledon
			to be used for future annual report noti	fication)
For furt	her information o	concerning this matter, please c	all:	
Jonatha	n popiel			
	Name c	of Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for t	he following amount:		
€ \$25	.00 Filing Fee		Certified Copy	Certificate of Status &

· ' .

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Pelagic custom canvas, LLC The Articles of Organization for this Limited Liability Company were filed on December 08, 2021 LAHASSEE SEE This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Canvas Lyfe Customs, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove

_	
_	
_	· · · · · · · · · · · · · · · · · · ·
_	
_	
_	
-	
_	
_	
_	
_	
_	
17.00	
Note:	ve date, if other than the date of filing:
e record rd is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated .	march 30th. 2022.
	Contract of the contract of th
	Signature of a member or authorized representative of a member

• •

Filing Fee: \$25.00