

L2300053258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

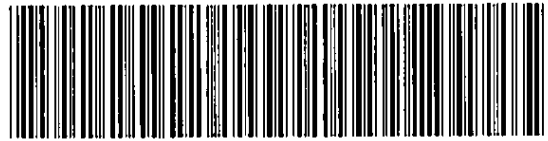
(Business Entity Name)

(Document Number)

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03/10/23--01002--011 **25.00

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2023 MAR 10 AM 10:04

FILED

2023 MAR 10 AM 10:12

ALLAHASSEE, FL

STATE OF FLORIDA

CP 3/10/20-23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3309 ROYAL CANADIAN LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN TINGS
Name of Person

CINDY'S FLORIDA LLC
Firm/Company

8051 N. TAMIAHI TRAIL STE E6
Address

SARASOTA FLORIDA 34243
City/State and Zip Code

TIREBUSS@AIM.COM
E-mail address: (to be used for future annual report notification)
AIM

For further information concerning this matter, please call:

JOHN TINGS at (516) 369-3930
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 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

3309 ROYAL CANADIAN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2023 MAR 10 AM 10:12

SECTION 7411, F.S. and assigned to STATE OF FL

The Articles of Organization for this Limited Liability Company were filed on

01/30/2023

Florida document number L23000053258

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability 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 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

City

Florida

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, 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>	<u>Address</u>	<u>Type of Action</u>
AR	CLOUD PEAK LAW GROUP	8051 N. TAMIAWEE TRAIL	<input type="checkbox"/> Add
		SUITE E6	<input checked="" type="checkbox"/> Remove
		SARASOTA FLORIDA 34243	<input type="checkbox"/> Change
AMBR	8051 JOHN TINGS	8051 N. TAMIAWEE TRAIL	<input checked="" type="checkbox"/> Add
		SUITE E6	<input type="checkbox"/> Remove
		SARASOTA, FLORIDA	<input type="checkbox"/> Change
		34243	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Effective date, if other than the date of filing: 01/23/2025 (Approximate)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 03/10/2023 . _____

Totw TINGS

Typed or printed name of signee

Filing Fee: \$25.00