L23000292496

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	÷ #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

TO:

TO: Registration Se Division of Cor	•		
SUBJECT: Cana	ada 26 LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jacob Serru	ya Benaim	
		Name of Person	
	c/o Estrella l		
		Firm/Company	
314 NE 194 Lane			
		Address	
	Miami, FL 3		
	jserruya1@yahoo	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	;; -
Kimberlee	De Biase	at (305) 945-75	527
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addro Registration Division of 6 P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CANADA 26 LLC			
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)		
The Articles of Organization for this Limited Liability Compa Florida document number L23000292496		and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited 1</u>	<u>nability company nere</u> :		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the ab	hreviation "L.I	C."
Enter new principal offices address, if applicable:		_	
Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		a of the new	ragista
 If amending the registered agent and/or registered offigent and/or the new registered office address here: 	ice aduress on our records, enter the nam	e or the new	Tegiste
		•	
Name of New Registered Agent:			· :
			-`
			-
New Registered Office Address:	Enter Florida street address		
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
MGR	JACOB SERRUYA BENAIM	c/o Estrella Bendahan	≣Add
		314 NE 194th Lane	□Remove
		Miami, FL 33179	🗆 Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remover:
			□Change
			🗆 Add
			□Remove
			□ Change
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			□Remove
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cctive	date, if other than the date ive date is listed, the date must be sp	of filing:	salate of filing or more	(optional)	Pursuant to 605 03
<u>te:</u> If	the date inserted in this block do	oes not meet the applicab	ole statutory filing re	equirements, this date	will not be listed
cumen'	as effective date on the Department	nent of State's records.		•	·
ecord s is filed	pecifies a delayed effective date	·, but not an effective tim	ne, at 12:01 a.m. on (the earlier of: (b) Th	e 90th day after t
	December 12	2023			
ted			- J. W	1	
	Šigna	iture of a member or author	ized representative of	a member	

Filing Fee: \$25.00

COVER LETTER

TO: Registration Section Division of Corporations Canada 26 LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Statement of Authority and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jacob Serruya Benaim Name of Person c/o Estrella Bendahan Firm/Company 314 NE 194 Lane Miami, FL 33179 City/State and Zip Code jserruya1@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kimberlee De Biase Name of Person

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