M1000007223

(Requestor's Name)
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(Address)
(Address)
(City/State/Zip/Phone #)
(ChryiState/ZipiPhone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: M2 CAN DO , LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERICA CHEMOLLI

Name of Person

M2 CAN DO, LLC

Firm/Company

1900 SUNSET HARBOUR # 809

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

ERICA E GOURMET - ITALIA. COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERICA	CHEMOLLI	at (786) 603 - 8815

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount: \$30 Filing Fee \$\$30 Filing Fee & Certificate of Status MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

S55 Filing Fee & Certified Copy

S60 Filing Fee. Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: M2 CAN DO LLC		
Enter new principal office address, if applicable:	1900 SUNSET HARBOUR # 9	,09
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	MIAMI BEACH FL 33139	
Enter new mailing address, if applicable: (<u>Mailing address</u> <u>MAY BE A POST OFFICE BON</u>)	1900 SUNSET HARBOUR # miami BEACH, FL 33139	809
2. The Florida document number of this limited li	ability company is: <u>MIG 000007223</u>	av 61
3. Jurisdiction of its organization:	·····	
4. Date authorized to do business in Florida:	9/09/2016	
SECTION II (5-9 complete only the applicable		
5. New name of the limited liability company:	st contain "Limited Liability Company, " "L.L.C.	
(mu	st contain Lanned Labinity Company, Lite.C.	
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida maging members adopting the alternate name. The C." or "LLC.")	and attach a alternate name
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on our records. <u>enter the name c</u> address here:	of the new
Name of New Registered Agent:		

New Registered Office Address:

Enter Florida Street Address

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.

City

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

NA

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

ERICAC	HEMOLI CHANGED HEIL	TITLE : FROM	VILEPRESIDENT	TO PRESIDENT
Title/ Capacity	Name		Address	Type of Action
PRESIDENT	ERICA CHEMOLU	1900 SU MIQM	nset Harbour # 80	Add
	~			Remove
VICE PRENDEN				
<u> </u>	ERICA CHEMOLL			Add
		<u>1900 si</u> Mami	UNSET HARBOUR + Beach, FL 3313	+801 1 Remove
				Add
				Remove
				Add
		<u></u>		Remove
aforementio	a certificate, if required: no more the one damendment(s), duly authenticate under the law of which a set in the law of wh	ned by the official s organized.	having custody of record.	2>
	Signat	ure of the authorize	ed representative	
	ERIG C			-
		or printed name of	-	
	I	Filing Fee: \$25.00)	

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