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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	MAYER INVESTMENTS CANADA LLC					
SOMECT.		Name of Limi	ted Liability Company	-		
		endment and fee(s) are submode concerning this matter t				
		Bradley Richard Thompsor	n			
	-		Name of Person	_		
		Altro LLP				
	-		Firm/Company	_ _		
		155 University Avenue, Su	ite 300			
	•		Address	_		
		Toronto, Ontario, Canada,	M5H 3B7			
	-		City/State and Zip Code			
	b	thompson@altrolaw.com		. 1-3		
		E-mail address: (t	o be used for future annual report notification)	2021 KOY		
For further inf	ormation conce	erning this matter, please ca	dl:	ို့ ထ		
Bradley Richard Thompson Name of Person			514 940-8074			
			Area Code Daytime Telephone Num	ber		
Enclosed is a	check for the fo	llowing amount:		· ·		
□ \$25.00 Fil	ling Fee 〔	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, icate of Status & ied Copy is enclosed)		
Regi Divi P.O.	ing Address: istration Sect sion of Corp Box 6327 ahassee, FL	orations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite	e 8 10		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

, Florida

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>	Type of Action
AMBR	GARTEN, IRVING	36 LOWTHER AVENUE	□Add
		TORONTO, ONTARIO, M5C 2T6	\ \exists Remove
			Change
AMBR	HIYA INVESTMENTS ULC	1918-1030 West Georgia Street	= Add
		Vancouver, British Columbia, Canada, V6E 2Y2	□Remove
			□ Change
			□Add
			— □Change
		رب	<u>12</u>
			Change
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Fective date, if other than the dan effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department specifies a delayed effective dis filed.	e specific and cannot be prior to date is does not meet the applicable st artment of State's records.	atutory filing requirements	, this date will not be liste	ed as
October 26	2021			
ted				
	gnature of a member or authorized r			

Filing Fee: \$25.00