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Office Use Only

B. KOHR

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EXAMINER



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I SIDE OF CORPORATIONS

COVER LETTER

| TO: Registration S Division of Co | ection rporations | | | . (2. |
|-----------------------------------|--|--|---------------------|------------------|
| SUBJECT: | Caneini Z | nuestment Gode Liability Company | roup LLC | 10 40 12 M 8: 29 |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | W. O. |
| Please return all corresp | ondence concerning this matter | to the following: | | 2 |
| | Monica | Main Name of Person | | |
| | GlobA | Success Firm/Company | | |
| | 25050 | Auenue Kear | ny, Ste. 102 | ! |
| | VAlen | CIA, CA 91. City/State and Zip Code /oba/-Success @ o be used for future annual report notifi | 355 | |
| | E-mail address: (to | o be used for future annual report noting | Att. NET | |
| For further information | concerning this matter, please ca | all: | | |
| Monica Name o | | at (66/) 395-5 Area Code & Daytin | ne Telephone Number | _ |
| Enclosed is a check for t | he following amount: | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed | | Status & |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO

| ARTICLES OF O | |
|--|--|
| (Name of the Limited Liability Comparison (A Florida Limited L | |
| The Articles of Organization for this Limited Liability Company Florida document number 4/000000322 | were filed on and assigned and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | oility company here: |
| The new name must be distinguishable and end with the words "Limi"L.L.C." | ited Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 25050 AVENUE KEARNY STE 10Z VALENCIA CA 9135T |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 25050 RENUL FEARLY STE 10Z VALSNCIA CA 91355 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | City 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Type of Action Title Name MUN RONDED SCHIERS 25050 BUENUS HESEN ☐ Add Remove ☐ Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00