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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Loson Cable Enterprises UC 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:
Hope Bedaya Name of Person
CANB Enterprises LLC Firm/Company
2103 Veteran's Blud Suite 21-23
City/State and Zip Code Tulian Bedaya hotmal. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Allen Eason at (904) 859-6883 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of 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 ORGANIZATION OF

(Name of the Limite	d Liability Comp.	any as it now appears on our reco	ords.)	
The Articles of Organization for this Limited Lia Florida document number		were filed on <u>Chiq</u>	and assigned	d
This amendment is submitted to amend the following		<i>,</i>		
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applical (Principal office address MUST BE A STREET	ble:	96351 Pi	edmont 1	The
	<u> </u>	THI TURNET	5 18.D 1 1.	<u> </u>
Enter new mailing address, if applicable:		2103 Veter	an's Blue	* * 25m
Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>	Suite 31-	23 N = 2 A 3 103 F	
3. If amending the registered agent and/or registered agent and/or the new registered office	registered of	fice address on our record	s, enter the name of the	f hew
ogeone and of the new registered offic	<u>e address here</u>	:		5
Name of New Registered Agent:	Hop	e Bedaya	A 8	.:
New Registered Office Address:	9635	51 Pierry Enter Florida street addres	t Drive	
7	error	-1: D1	orida 38034	
ion Desire.		CHI	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 Title Name Address **Type of Action** MGR Econ, Hugh A 14476 Dural P. W. □ Add ☐ Change MGR Cable, Shown C 14476 Dural PILL □ Add ☐ Change ☐ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change ☐ Add □ Remove □ Change

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n are dat	e mseried in this	s block does no	t meet the appli	cable statutory t	or more than 90 day iling requiremen	ys after filing.) Pursu ts, this date will no	ant to 605.020 ot be listed a
cument's effe	ctive date on the	e Department o	f State's record	S.			
record spe	cifies a delay by after the r	yed effective	date, but n	ot an effectiv	e time, at 12	:01 a.m. on th	e earlier c
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ted No		Signature of	a member or auth	orized representa	ive of a member		 -

Page 3 of 3

Filing Fee: \$25.00