L12000/49698

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SECRETARY OF STATE

FEB 1 9 2013 T. HAMPTON

COVER LETTER

	stration Section Sion of Corpor				
SUBJECT:	Cana N	Management,	LLC		
SOUGECT		Name of Limit	ed Liability Company	·····	
		•			
The enclosed	Articles of Am	endment and fee(s) are subn	nitted for filing.		
Please return a	all corresponde	ence concerning this matter to	the following:		
		Sue Schwab			
			Name of Person		
		Howard Moble	y Hayes & G	iontarek P	LLC
			Firm/Company		
		2319 Crestm	ioor Rd.		
			Address		
		Nashville TN			
		bryan@howardmo	City/State and Zip Code		
	-		be used for future annual r	report notification)	
For further inf	formation conc	erning this matter, please ca	II:		
Sue S	chwab		at (615) 62	27-4444	
	Name of Pe	erson	Area Code	Daytime Telephon	e Number
Enclosed is a	check for the f	ollowing amount:			
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	osed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

d Liability Company as it now appears on our records.) A Florida Limited Liability Company) (Name of the Limited The Articles of Organization for this Limited Liability Company were filed on November 29, 2012 and assigned Florida document number <u>L12000</u>149698 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **CNPK Adams Management, LLC** The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.I" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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

Cana Management, LLC

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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized M e mber		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Add
			□ Remove
			□ Add
			SECRETARY TALLAHASSE
			AHASS 18
			ASSEE, FLOOR
			REF 33
			Remove
		-	
			□ Add
			□ Remove
			Add
			□ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E.	Effective date, if other than the date of filing: (optional)
	(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated January 17 2014
	Signature of a member or authorized representative of a member
	Carl E. Adams, Jr.
	Typed or printed name of signee

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Filing Fee: \$25.00

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TALL AHASSEE, FLORIG