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Office Use Only



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### **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJ	ECT:	CANUS HOLDII Name of Limi	NGS LLC ited Liability Company	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		NAOMI	KINASCHUK Name of Person	
		3861 JOHA	Firm/Company  NNESBERG RD.  Address	
		NORTH PORT	FL 34288 City/State and Zip Code	
		E-mail address: (t	rbanmadonna. Co be used for future annual report notif	ication)
For fu		oncerning this matter, please ca		
	Name of	KINASCHUK Person	at (941) 25% Area Code Daytime	- 1660 Telephone Number
Enc/6	sed is a check for th	e following amount:		
<b>12</b> \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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

(Name of the Limited L	iability Company as it now appears on our records.)		
(A F	iability Company as it now appears on our records.) lorida Limited Liability Company)		
The Articles of Organization for this Limited Liabil	ity Company were filed on DECEMBER 31,	<b>2013</b> and ass	igned
Florida document numberL3300017846	26		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the word	s "Limited Liability Company," the designation "LLC" or t	the abbreviation "l	L.L.C."
Enter new principal offices address, if applicable	<b>:</b>		
(Principal office address MUST BE A STREET A.	DDRESS)		<del>.</del>
			<del> </del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u>xo</u>		
	<del></del>		<del></del>
B. If amending the registered agent and/or a registered agent and/or the new registered office	registered office address on our records, ent	ter the name	of the nev
Name of New Registered Agent:			<u></u>
New Registered Office Address:		7/2 Co	
	Enter Florida street address	CT (1)	- 1:
_	, 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 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 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 authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NAOMI KINASCHUK	3861 JOHANNESBERG RD.	Add
		NORTH PORT, FL 34288	□ Remove
AMBR_	JAMES WOLCOTT	2861 JOHANNESBERG PD NORTH PORT, FL 34288	Add
		NORTH PORT, FL 34288	□ Remove
			☐ Remove
			□ Add
			Remove
		· ·	G Add
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			Remove

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	5 4 PM 45 45 45 45 PM 54
effec	tive date, if other than the date of filing:
effec date	tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
effec date	tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
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effec date	tive date must be specific, cannot be prior to date of receipt or filed date and carnot be more than 90 days after this document is filed by the Florida Department of State)  July 24  , 2014.

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Filing Fee: \$25.00