## Division of Corporati Electronic Filing Cover Sheet

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(((H150000845963)))



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#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CANEO LLC**

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T. BROWN

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APR-06-2016 14:14

## Fax Audit: H150000845 96 3

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Caneo LLC

#### (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	y were filed on <u>2/4/2015</u>	and assigned
Florida document number L15000021462		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	
The new name must be distinguishable and end with the words "Li-L.L.C."	mited Liability Company," the desi	guation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	4905 34th St. S., #211, St. Pete	rsburg, Florida 33711
(Principal office address MUST BE A STREET ADDRESS)		
Enter new maili <b>ng</b> address, if applicable: (Mailing address MAYBE A POST OFFICE BOX)	4905 34 <sup>th</sup> St. S., #211, St. Pete	rsburg, Florida 33711
B. If amending the registered agent and/or registered or registered office address he		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		rida
	<i>C</i> ίη·	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

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Fax Audit: 4150000845967

1099 728 809

1099 228 809

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## Fax Audit: H150000845963

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:

$Anbegin{array}{c} Anbegin{array}{c} Anbegin{ar$	Authorized Member		
<u>Title</u>	Name	Address	Ivpc of Action
MGR	SAMIR NATHWANI	4985 58TH AVE S	Add
		ST. PETERSBURG, FL 33715	XRemove
AMBR	SAMIR NATHWANI	4985 58TH AVE S	X
		ST. PETERSBURG, FL 33715	Reniove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
	<del></del>		Remove

MGR = Manager

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