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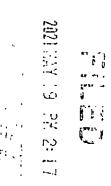
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Special Instructions to Fi	ling Officer:	





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COVER LETTER

TO: Registration Sc Division of Cor				
SUBJECT:	Cayo & ASSOCI	Tates uc		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Reginal D			
		Name of Person		
	Cayo q	Associates uc	,	
		Firm/Company	20	
	2020 W.	Fairbanks Ave	: ste102 =	
		Address		t
	winter pa	City-State and Zip Code	: ت] إن الله الله الله الله الله الله الله الل	
	rehinald	© NIVCOC INVESTOR TO THE STATE OF THE STATE	ments.com	
For further information c	concerning this matter, please co	·	1	
Reginal	ovince	at (407) 399	1788	
/ Name c	d Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
X \$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)	
<u>Mailing Addres</u>		Street Address:		
Registration (Registration Se		
Division of C P.O. Box 632		Division of Cor The Centre of T	-	
エスノーロリカ リリコ	. <i>.</i>	THE COURT OF	- NA C 2	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cano & Asso	clates uc	
(Name of the Limited Liability (Company as it now appears on our recomited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Com Florida document number <u>U1000043746</u> .	spany were filed on $2/23$	20 [7] and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	vicoe Marketing à	consulfing UC
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. 15
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		<u> </u>
Enter new mailing address, if applicable:		() () () () () () () () () ()
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>entc</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ess
	ı	Horida
	, 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 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date	of filing or more than 90 days at			
ote: If the date inserted in this block does not meet the applicable state inserting the date on the Department of State's records.	atutory filing requirements, i	his date wil	l not be	listed a
ecord specifies a delayed effective date, but not an effective time, at	12:01 a.m. on the earlier of:	(b) The 90)th day a	itter the
is filed.				
5/13/2021				
ated				
Ated 5/13/2021 Reguire of a member or authorized to				