# 17000193881

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J. LEGGETT APR 1 0 2018

# **COVER LETTER**

TO:	Registration Section Division of Corpor			
SUBJI	ECT:	CANOY	Soul, LLC	
		Name of Lim	ited Liability Company	
The en	closed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please	return all corresponde	nce concerning this matter	to the following:	
		K	RISTEN MAN	(CR)
			Name of Person	AN(CR)  AN(CR)
			Firm/Company	····
		239	Timbercane 7	ec
		_	Address	
		CONG	swood PL 3	2750
		MANIER	City/State and Zip Code $21 \cdot 1000$	@ 6MAIL. COM
	_	E-mail address: (1	to be used for future annual report noti	ication)
For fur	ther information conc	erning this matter, please or	all:	
	KRISTEN	MANIERI	at (407) 719	5190
	Name of Pe	rson	Area Code Daytime	Telephone Number
Enclos	ed is a check for the fo	ollowing amount:		
<b>\$</b> 2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

(ANDY )=	oul, LLC	
( <u>Name of the Limited Liability Com</u> (A Florida Limite	many as it now appears on our r	ecords.)
(A Fiorida Limite	a Liability Company)	12/17
The Articles of Organization for this Limited Liability Compar	ny were filed on	18/17 and assigned
Florida document number <u>L170001938</u> 8	·/	
Torida document manner		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	shility samnany horse	
4. It amending name, enter the new hame of the minted is	воину сопрану пете:	
he new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation	"LLC" or the abbreviation "L.L,C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		· · · · · · ·
		4. 3
		?". I
Pater non-mailine address if analysis.		
Enter new mailing address, if applicable:	<del></del>	
Mailing address MAY BE A POST OFFICE BOX)		
<ol><li>If amending the registered agent and/or registered registered agent and/or the new registered office address he</li></ol>		cords, <u>enter the name of the </u>
egistered agent and/of the new registered write authors in	<u>ere</u> :	
Name of New Registered Agent:		W
New Registered Office Address:		
	Enter Florida street d	address
		_, Florida
<del></del>	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 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>	<u>Name</u>	<u>Address</u>	Type of Action
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the record specifies a de	layed effective e record is file	e date, but no d.	ot an effective	time, at 12:01	a.m. on the ea	rlier of:
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00