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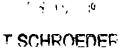
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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Name of Person Area Code Daytime Telephone Number  osed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee,		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CARRIE BAILEY		
	THE CANOPY LIVING,		<del></del>
	1000 RIVERSIDE AVE. S	, ,	
	JACKSONVILLE, FL 32		
	CARRIE@RIMROCKCOM		
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
CARRIE BAILEY			
Name (	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAHJING 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

THE CANOPY LIVING, 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 Company were filed on  $\frac{10/20/17}{2}$ and assigned Florida document number L17000218154 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) 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

## 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.

City

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>Name</u>	Address	Type of Action
EDWARD M. KOBEL	804 S. Edison Ave.	
	rampa, r to 55000	
		Remove
		Change
FORTIS REALTY ADVISORS,	8504 CROWS COURT TAMPA, FL 33647	7
	·	■ Add
	<del></del>	□ Remove
		Change
MGR SPREAD OAK FARM, LLC	804 SOUTH EDISON AVE. TAMPA, FL 33606	<b>=</b> Add
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ate: If the date inserted in this block does not meet the applicament's effective date on the Department of State's records	icable statut	ory filing requi	rements, this	date will	not be	list <b>ed</b> a
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record specifies a delayed effective date, but no	ot an effe	ective time,	at 12:01 a.	m. on t	the ea	arlier o
The 90th day after the record is filed.		,				
, DECEMBER 10 2018						
ated	· ·					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00