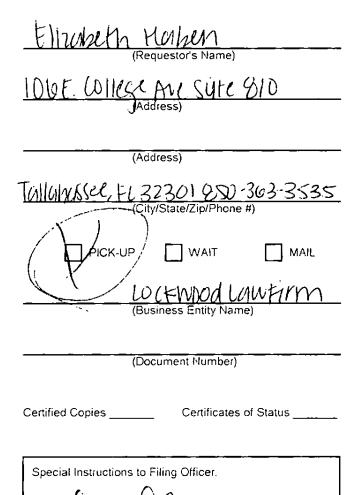
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Office Use Only
CORRECTION TO RAPER
CONVERSATION WITH
DEVON NUNNELEY 10/16/2018
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Florida Limited Liability Company  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DEVON NUMBLEY Name of Person
LOCKWOOD LOW FIRM
1010 F. College Ave Svite 810
Tallahassel, Fl 3230
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Devon Numeley at (202) 351 - 1947  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Status Solution Solution Status Solution Status Solution Solution Solution Status Solution Status Solution Solution Status Solution Solution Status Solution Status Solution Solution Status Soluti

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

242 Canhabic ILLC



(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number <u>L17000 25</u>	ability Company were filed on 12/19/17 and assigned 1005.
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE)	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE I	<u> </u>
B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered office address on our records, <u>enter the name of the new</u> fice address here:
Name of New Registered Agent:	DEVON NUNNELEY
New Registered Office Address:	DEVON NUNNELEY  10 VE. WILEYE AVE SVITE 910  Enter Florida street address
	TANAMUSSEE Florida 32301  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 Address **Type of Action Title** Name ☐ Remove ☐ Change □ Add ☐ Remove \_\_\_\_\_ Change \_\_ \_\_ \_ \_ \_ \_ Add \_\_□ Remove \_ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove \_ Change \_□ Add □ Remove \_ Change

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(if an effective date is lit Note: If the date in:	ther than the date of filing:  sted, the date must be specific and cannot be prior to deserted in this block does not meet the applicable adde on the Department of State's records.	(optional act of filing or more than 90 days after filing statutory filing requirements, this date	e.) Persuant to 605,0.
If the record specifi (b) The 90th day i	es a delayed effective date, but not as after the record is filed.	n effective time, at 12:01 a.m.	, on the earlier
Dated Octobe	, 3-0, 2018.		
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Page 3 of 3

Filing Fee: \$25.00