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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Acki	an Candanos	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	- Adria	n Candanora Name of Person	
	- Flori	CON Condance C	Lil-
	<u> </u>	10 Jackin Dr- Address	
	- NA	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	o.lom
		` ' /	fication)
For further information co	ncerning this matter, please ca	all:	
Adrices () Name of	O () Aa () Ae ₂ Person	at (<u>)</u> 3 (<u>)</u> 3 (<u>5</u>)	255 e Telephone Number
Enclosed is a check for the	following amount:		
∑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adrian Canda	noza LLC	37.67
(<u>Name of the Cimited Liat</u> (A Flor	bility Company as it now appears on our records.) ida Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability	Company were filed on 7/27/2018	and assigned
Florida document number 1218 000 181054	·	PH
This amendment is submitted to amend the following:		0
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I.	.imited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
	, , ,	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Maining dualess MATT BE ATTOOT OF THEE BOA)	 	
B. If amending the registered agent and/or register	red office address on our records ontouth	a nama of the new registeres
agent and/or the new registered office address here		e name of the new registered
	•	
Name of New Productional Assess		
Name of New Registered Agent:	··	
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address	_
	. Flori	ida
-	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>	<u>Name</u>	Address	Type of Action
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		Naples Fl 34104	URcmove
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specifies a delaye I.	ed effective date	, but not an e	ffective tin	ne, at 12:01	a.m. on the	e earlier of: (b) The 90th	h day after the
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	Signa	ture of a memb	per or author	ized represe	ntative of a r	nember		
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5	the date inserted t's effective date specifies a delaye	the date inserted in this block dot's effective date on the Department of the Depart	the date inserted in this block does not meet t's effective date on the Department of State specifies a delayed effective date, but not an element of Signature of a member of	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to the date inserted in this block does not meet the applicant's effective date on the Department of State's records. specifies a delayed effective date, but not an effective time. Signature of a member or author	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filin the date inserted in this block does not meet the applicable statutor t's effective date on the Department of State's records. specifies a delayed effective date, but not an effective time, at 12:01 Note: 10/29/2020. Signature of a member or authorized representations.	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing or more the the date inserted in this block does not meet the applicable statutory filing requires effective date on the Department of State's records. specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the statutory filing requires the date of	e date, if other than the date of filing: (optive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, that's effective date on the Department of State's records. Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member