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| (Requestor's Nam | e) |
|---|---------------|
| (Address) | |
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| (City/State/Zip/Pho | one #) |
| PICK-UP WAIT | MAIL |
| (Business Entity N | ame) |
| (Document Number | er) |
| Certified Copies Certificat | tes of Status |
| Special Instructions to Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corpo | | | | | | |
|--|---|---|---|-----------------------|----------------------|----------|
| SUBJECT: Kar | n Can Ilc | | | | | |
| | Name of Limi | ited Liability Company | | | | |
| The enclosed Articles of An | nendment and fee(s) are subt | mitted for filing. | | | | |
| Please return all correspond | ence concerning this matter | to the following: | | | | |
| | Kathi N | ickerson Name of Person | | | | |
| | | Name of Person | | | | |
| | KanCan | LLC Firm/Company | | | | |
| | | | | | | |
| | 7240 SW | 20th Street | | | | |
| | | | | | | |
| | Plantation | On FL 33317 City/State and Zip Code | 1 | | | |
| | | City/State and Zip Code | | | 20 | |
| | Kancanlle | Q yahoo, COM to be used for future annual report | | #= }; ; | | - T |
| | t:-mail address: (I | to be used for future annual report | notification) | : 1 | () | 1 (1270) |
| For further information con- | cerning this matter, please ca | all: | | | 6 | 7 |
| Kathi Nicke | rson | at (<u>954</u>) <u>684</u> Area Code Da | 1.6355 | A. C. 125000 T. 12500 | PH L | 3 4 |
| Name of P | erson | Area Code Da | ytime Telephone Number | 2174 1115 1115 | <u>:</u> <u>-</u> | |
| 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) | ☐ \$60,00 Fil Certificat Certified (additional | te of Stat 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

| Kan Can LLC | | |
|--|-----------------------------------|-------------------|
| (Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa | pears on our records.) ny) | |
| The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L 18000 21/910</u> . | 9/5/2018 | and assigned |
| | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability compan | <u>v here</u> : | |
| The new name must be distinguishable and contain the words "Limited Liability Company." | the designation "LLC" or the abbr | eviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | <u></u> | 20 |
| | <u></u> | |
| | | N par |
| Enter new mailing address, if applicable: | (/ <u>/</u> m: | CONTRACTOR |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | ω |
| | 7. | · ; |
| B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: | on our records, <u>enter th</u> | ne name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| Enter | · Florida street address | |
| | , Florida | · |
| 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> | Address | Type of Action |
|--------------|----------------|---|---------------------------|
| <u>AMBR</u> | Candace Turner | 512 Catfish Road Elephant Butte, IVM 8 | Add |
| | | Elephant Butte, IVM 8 | 87935 Remove |
| | | _ | Change |
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| If an effective date Note: If the da | e, if other than the is listed, the date mate inserted in this because date on the light | ust be specific and block does not a | d cannot be prior meet the applic | cable statutory | | ays after fil | ing.) Purs | | |
| | ecifies a delaye lay after the re | | | ot an effecti | ve time, at 1 | 2:01 a.r | n. on t | he ea | arlier of: |
| Dated <u>De</u> | ecember | 11 | . 2018 | · | | | | | |
| | ecember Karh | Signature of a | wichtle member or auth | OOT | ative of a member | r | | | _ |
| | | A. Nic | | | | | | | _ |

Page 3 of 3

Filing Fee: \$25.00