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COVER LETTER

TO: Registration Se Division of Cor			
	S 1917, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	OREN Z. SHMULEVICH		
		Name of Person	
	CANVAS 1917, LLC		
		Firm/Company	
	1630 NE 1ST, AVE, UNI	F 1917	
		Address	
	MIAMI, FL 331312		
	oren99@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	lication)
For further information c	oncerning this matter, please c	all;	
OREN Z. SHMULEVIC	:H	305 461 1010 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CANVAS 1917, 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 __11/14/2018 and assigned Florida document number 1.18000266563 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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	IRIS SHMULEVICH	1630 NE 1ST. AVE, UNIT 1917	■ Add
		MIAMI, FL 33132	Remove
			Change
			□ Remove
			☐ Change
			Add □
			-⊡ Remove
			P. D. Change
			?? Add
			□ Remove
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ective date, if other than the date of filing: 11/15/18 effective date is listed, the date must be specific and cannot be prior to date of filing of the: If the date inserted in this block does not meet the applicable statutory fument's effective date on the Department of State's records.	
	re time, at 12:01 a.m. on the earl
he 90th day after the record is filed.	
record specifies a delayed effective date, but not an effective fixed November 15	
he 90th day after the record is filed.	
he 90th day after the record is filed.	tive of a member
The 90th day after the record is filed. Ted November 15	tive of a member

Page 3 of 3

Filing Fee: \$25.00