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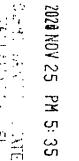
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| Special Instructions to Filing Officer: |
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| eno ma | | HOLDINGS, LLC | | |
| SUBJE | | Name of Lim | ited Liability Company | |
| 2021 | | | | |
| | | Amendment and fee(s) are sub | - | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | |
| | | ALEXIS GONZALEZ | | |
| | | | Name of Person | <u></u> |
| | | LAW OFFICE OF ALEXI | S GONZALEZ, P.A. | |
| | | | Firm/Company | |
| 3162 COMMODORE PLAZA, SUITE 3E | | | | |
| Address | | | | |
| | | COCONUT GROVE, FL. | 33133 | |
| | | | City/State and Zip Code | |
| | | ALEXIS@AGLAWPA.CO | | |
| | | | to be used for future annual report noti | dication) |
| For furth | er information c | oncerning this matter, please c | all: | |
| STEPH | ANIE HERNAN | DEZ | 305 223-9999 at() | |
| | Name o | f Person | | e Telephone Number |
| Enclosed | l is a check for th | ne 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 Addres Registration S | | <u>Street Address:</u> Registration Se | ction |
| | Division of C | orporations | Division of Cor | porations |
| | P.O. Box 632 Tallahassee, I | | The Centre of T | fallahassee e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 NOV 25 PM 5: 35

CANOLA HOLDINGS, 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 $\frac{04/17/2019}{1}$ _____ and assigned Florida document number _____L19000105524 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 "LLC." 2750 NE 183 STREET, APT, 1401 Enter new principal offices address, if applicable: AVENTURA, FL 33160 (Principal office address MUST BE A STREET ADDRESS) 2750 NE 183 STREET, APT, 1401 Enter new mailing address, if applicable: AVENTURA, FL 33160 (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.

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 2020 HOV 25 PM 5: 35 | Type of Action |
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| Note: If the d | e, if other than the date of filing: the is listed, the date must be specific and cannot be late inserted in this block does not meet the fective date on the Department of State's re- | (optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 applicable statutory filing requirements, this date will not be listed ecords. |)207 (I as ti |
| the record specificated is filed. | fies a delayed effective date, but not an effec | ctive time, at 12:01 a.m. on the earlier of; (b) The 90th day after t | ıhe |
| Dated | 11/23/2020 | | |
| | | F. OLAVAPPINB | |
| | Signature of a member of | or authorized representative of a member | |

Filing Fee: \$25.00

Typed or printed name of signee