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Amend Manual

JUL 2:9 2020 I ALBRITTON

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	UZ Contai Name of Lim	NETS LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Oen	nis Alton Name of Person	
	Pro	Cans LLC Firm/Company	
	535	3 High Way	Ave.
	Jack	City/State and Zip Code	2259
	Pro Cans E-mail address: (to be used for future Amual report noti	fication)
For further information co	ncerning this matter, please co	•	
<u>Dennis</u> Name of	Person	at (904) . 235 Area Code Daytim	· 5334 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
M.:::		Sa. 4411	

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

Cuz Conto	giner	SLLC			
(Name of the Limited L (A F	lorida Limited L	iy as if now appears on iability Company)	our records.)		
The Articles of Organization for this Limited Liabil Florida document number L1900215	ity Company 5997	were filed on 8	123/201	and assigned	_
This amendment is submitted to amend the following	ng:			, , ,	
A. If amending name, enter the new name of the	limited liabi	lity company here:			
Pro Cans LLC					
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	::	ty Company," the design 5352 Jacks (Highw MYIIE	obreviation "L.L.C." AVE F1, 322	_
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	K <u>)</u>	5352 Jackso	Highwan	ay Ave F1. 3225	- - - <u>:</u> 4
B. If amending the registered agent and/or registagent and/or the new registered office address he	tered office ac ere:	ddress on our recor	ds, <u>enter the nan</u>	ne of the new regist	<u>ered</u>
Name of New Registered Agent:					_
New Registered Office Address:	5352	Highw Enter Florida si	ocy Ave	,	_
_	Jacks	Highwa Enter Florida st Somville City	/ , Florida	32754 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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			□Remove
			□ Change
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