## L19 CCC 252795

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(Address)	
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(City/State/Zip/Phone #)	
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FILED 2022 JAN 24 PM 3: 03 SECRETARY DE STATE

Y. SCOTT FEB - 1 2022

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Canna	obe Ventures LLC		
SOBJECT.	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kerry Mayorga		
		Name of Person	
	Cannaobe Vent	tures LLC	200 SE
		Firm/Company	72 J
	3250 NE 1st Ave		2022 JAN 24 PM 3: 03 SECRETARY OF STATE TALLAHASSEE, FL
	3230 NL 18(AVC	Address	<del></del>
			SO TO
	Miami FL 33137		గ్రామం
		City/State and Zip Code	#E 03
	kmayorga@canna	to be used for future annual report noti	lication)
For further information of	concerning this matter, please c	•	
Kerry Mayorga		at ( 305 ) 439-3306	
	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
X \$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 Addres Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632 Tallahassee,		The Centre of T	allahassee e Street, Suite 810
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cannaobe Ventures LLC (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our rec	<u>ords.</u> )
(A riolida Cilinied L	clability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/08/2019	and assigned
Florida document numberL19000252795		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Futr Proof LLc		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "E	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		17A
		30 2
Enter new mailing address, if applicable:		Sign of the sign o
(Mailing address MAY BE A POST OFFICE BOX)		200
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		<del>ा                                    </del>
B. If amending the registered agent and/or registered office a	iddress on our records, ent	ter the name of the new register
agent and/or the new registered office address here:	· <del></del>	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street ado	dress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agr		further garee to comply with th
provisions of all statutes relative to the proper and complete		

If Changing Registered Agent, Signature of New Registered Agent

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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Filing Fee: \$25.00