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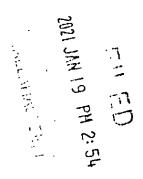
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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JA1. 2/19/21

COVER LETTER

TO:

Registration Section

Division of Corporations Canna Five Hundred LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Tawanda Owens Name of Person Canna Five Hundred LLC Firm/Company 20064 NE 15th Court Address Miami.Fl. 33179 City/State and Zip Code Towens2990@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tawanda Owens 2951796 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our reco Liability Company)	<u>irds.</u>)
were filed on	and assigned
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ility Company," the designation "L	
20064 NE 15th Court	2021
Miami F1.33179	
	5 -
20064 NE 15th Court	ED PH 2:
Miami Fl. 33179	2
address on our records, ento	er the name of the new reg
Enter Florida street addi	ress
i	bility company here: lity Company," the designation "LI 20064 NE 15th Court Miami FL33179 20064 NE 15th Court Miami FL 33179

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
AMBR	Melvin Hollomon	20064 NE 15th Court	
		Miami,FI 33179	□ Add
			Z Remove
			□Change
AMBR	Donate Fedrick	20064 NE 15th Court	
		Miami,Fl.33179	
			Remove
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ective date, if other than the	late of filing:		optional)
n effective date is listed, the date must te: If the date inserted in this blo	ck does not meet the applicable st	of filing or more than 90 days tatutory filing requirements	after filing.) Pursuant to 605.0207, this date will not be listed as
cument's effective date on the De	partment of State's records.		
		12.01	
ecord specifies a delayed effective is filed.	date, but not an effective time, at	12:01 a.m. on the earner o	r: (b) The 90th day after the
	2021		
lanuary II	2021		
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ted	ignature of a member or authorized	representative of a member	