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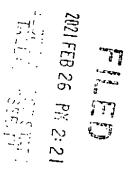
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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
	INGUEZ LLC	*		
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	ndence concerning this matter t	to the following:		
	OLGA RAMOS			
		Name of Person		
	FREEDOM TAX SERVIC	Е		
		Firm/Company	2021 FEB 26	
12355 COLLIER BLVD STE H				•
		Address	· · · · · · · · · · · · · · · · · · ·	74. 24
	NAPLES, FLORIDA 3411	6	6 P	
		City/State and Zip Code	PH 2: 2	(Je
	OLGARAMOS0524@GMA		c2: 2	
	E-mail address: (to be used for future annual report notif	ication)	
For further information of	concerning this matter, please co	a11:		
OLGA RAMOS		239 455-6011 at ()		
Name o	of Person		e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations Tallahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were Plorida document number L200002313336	filed on 08/03/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
CANNAN INVESTMENTS LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20
(Principal office address MUST BE A STREET ADDRESS)	21
	O THE
Enter new mailing address, if applicable:	भिंद का गा
(Mailing address MAY BE A POST OFFICE BOX)	N W
	2
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here: Name of New Registered Agent:	ess on our records, <u>enter the name of the new regi</u> s
New Registered Office Address:	
0	Enter Florida street address
	, Florida
	City Zip Code

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	Type of Action
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			□Remove
			Change
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Filing Fee: \$25.00