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COVER LETTER

Tallahassee, FL 32314

	egistration Se ivision of Co			
SUBJECT	JUAN DO	MINGUEZ CANAAN INVES	TMENT LLC	•
SOBJECT		Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Juan J Dominguez		
			Name of Person	
			Firm/Company	
		4519 24TH PL SW APT F	3	
			Address	
		Naples, FL 34116		
		naples@dannyblancorealto		
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ification)
Danny Bla	nco		239 682-6787	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres egistration S		Street Address:	action
	_	orporations	Registration Se Division of Co	
	O. Box 632	-	The Centre of 1	•

2415 N. Monroe Street, Suite 810

Tallahassee, F1, 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I (A I	iability Compi Iorida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company	were filed on $\frac{02/16/2021}{}$ and assign	ned
Florida document number 1.20000231336	 -		
his amendment is submitted to amend the following	ng;		
a. If amending name, enter the new name of the	e limited liab	oility company here:	
CANAAN NAPLES LLC			
he new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C	
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		4519 24TH PL SW APT B	
		Naples, FL 34116	
		1510 ACCII DI CW AIVE D	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		4519 24TH PL SW APT B	
		Naples, FL 34116	
s. If amending the registered agent and/or regis gent and/or the new registered office address he	tered office : ere:	address on our records, enter the name of the new r	<u>egis</u>
Name of New Registered Agent:	uan J. Doming	исх .	
New Registered Office Address:	519 24TH PL	SW APT B	
		Enter Florida street address	
>	lanlas	21116	

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.

City

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
President	Juan J. Dominguez	4519 24TH PL SW APT B	□Add
		Naples, FL 34116	
			☐ Change
VP	Maribel Carrillo	4519 24TH PL SW APT B	□Add
		Naples, FL 34116	
			☐ Change
			□Add
			Remove
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Effective date, if other than to fan effective date is listed, the date in	he date of filing:		(optional)	505 0207 i
Note: If the date inserted in this	block does not meet the appli	icable statutory filing req	uirements, this date will not be l	isted as t
document's effective date on the	Department of State's record	S.		
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