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SECRETARY OF STATE
TALLAHASSEE E

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COVER LETTER

TO:	Registration Se Division of Cor		, , , , ,	
	CAIN,LLC	•	•	
SUBJEC	CT:	Name of Lim	ited Liability Company	
			-	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Stacy Brooks		
			Name of Person	
		Name of Limited Liability Company icles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Stacy Brooks		
		68 N Riverwalk Dr		
			Address	
		Palm Coast, FL 32137		
			City/State and Zip Code	
			to be used for future annual report notifi-	cation)
For furth	ner information c		·	 ,
		oncerning and matter, preuse e		
Stacy B		£ Darran	at ()	Talashora Number
	,vame ()	i i cison	Area Code Daytine	reiephone (vanber
Enclosed	l is a check for th	he following amount:		
\$ \$25.	.00 Fiting Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Address Registration		Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

CAIN, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000258025</u>	were filed on 08/08/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil"	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2022 AUG -3 SECRETAR TALLAH
Enter new mailing address, if applicable:		ETARY O
(Mailing address MAY BE A POST OFFICE BOX)		SEF STAT
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	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 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
MGRM	Shan Brooks	68 N Riverwalk Dr.Palm Coast, FL 32137	= Add
			□Remove
			Change
			□Add
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ffective date, if other than (the date of filing:	date of filing or more than 90 days after fi	(al)
Note: If the date inserted in this		ole statutory filing requirements, this c	
record specifies a delayed effect is filed.	tive date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated July 27.	2022		
	,,		

Typed or printed name of signee

• • • •