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## COVER LETTER

TO: Registration Sect Division of Corpo			<b>+</b> -
SUBJECT:	. All Coas	ot Canvas LLC	•
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter (	o the following:	
	Danie	1 A Fletcher Name of Person	
		Coast Canuas	LLC
	3935	5 N. U.S. 1 Address	20221
		oa FL 32927	7072 DEC 15
	$\Gamma_1$	City/State and Zip Code	777
	E-mail address: (1	etche all coasto o be used for future annual report notif	Canuas Com
For further information cor	ncerning this matter, please ea		. 6
Daniel A. Name of I	Fletcher	at (321_) 989 - Area Code Daytime	- 8943 e Telephone Number
Enclosed is a check for the	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)
Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, , , , , , , , , , , , , , , , , , , ,	Januas LLC
( <u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	oany were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS	3935 N. U.S. 1 2 29273 COCOA FL 329273
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3935 N. U.S. 1 - 12 Cocoa FL 32927
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	lice address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	3935 N. U.S. 1 Enter Florida street address
	Cocoa , Florida 32927

## 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
MGR	Good Run LLC	1309 Coffeen Ave. Suite120	<u>'O</u> □Add
		Sheridan, WY 82801	\( \overline{\sqrt{Kemove}} \)
			□Change
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feetive date, if other than the date of filing:  feetive date is fisted, the date must be specific and cannot be prior to date of filing or a  fit the date inserted in this block does not meet the applicable statutory filinent's effective date on the Department of State's records.	(optional) more than 90 days after filing.) ng requirements, this date v	Pursuant to 605. vill not be liste
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m filed.	, on the earlier of: (b) The	90th day after
Dec. 9th, 2022.		
Signature of a member branthorized representative	as of a mombar	