## L21000391289

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JAN 16
S. PRATHER

Cover Letter Canomon 1 LLC Isabel C Cano 305.922.0559 9690 XW 17 ST Plantation F1 33322 canomon111c@gmail.com

## **COVER LETTER**

TO: Registration Se Division of Cor						
SUBJECT:	Canomor Name of Lim	1 LLC ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Daniel	I Castelk Name of Person	laneo			
	C	nomon 1 L	LC			
	9690 M	JW 17 ST Address	<u> </u>			
	Planta	City/State and Zip Code  LC @ gmail. Co to be used for future annual report noti	322			
	Canonon 1 E-mail address: (	LLC @ gmail. Co	fication)			
For further information c	oncerning this matter, please co	all:				
Daniel I.	Caste/6/a	100 at 305 Area Code Daytim	0427- e Telephone Number			
Enclosed is a check for the	ne following amount:					
된 \$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 Addres Registration		Street Address: Registration Se	ction			
Division of C	Corporations		Division of Corporations The Centre of Tallahassee			
P.O. Box 632 Tallahassee.			e Street, Suite 810			

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

292

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Canon	on1 LLC	
(Name of the Limited Lia (A Flo	ability Company as it now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabilit Florida document number <u>L21 000 3</u>	y Company were filed on <u>5</u> 6 91289	and assigned
This amendment is submitted to amend the following	ÿ.	
A. If amending name, enter the new name of the	imited liability company here:	
The new name must be distinguishable and contain the words " Enter new principal offices address, if applicable:	Limited Liability Company." the design	nation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u>-</u> .
B. If amending the registered agent and/or registered agent and/or the new registered office address her		rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	street address
		, Florida
	City	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 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>	Name	<u>Address</u>	Type of Action
MGR	Isabel C Cano	9690 NW 17 Stree	<u>7_</u> □Add
		Plantation, F1 333.	22 OKemove
			Change
M6R	Andres F cano	9690 NW 17 Stra	<u>e</u> T□Add
		Plantation, Fl 3332	22 Decemove
			□Change
116R	Daniel I.	9690 NW 17 street	🗹 🗖 Ādd
Ca	castelblanco	Mantation, F13332	22 □Remove
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cord specifies a delayed o	effective date, but no	ot an effective time	e, at 12:01 a.m. on th	ne earlier of: (b)	The 90th day	after th
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