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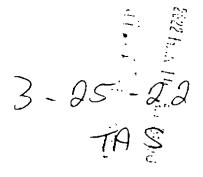
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COVER LETTER

TO: Registration S Division of Co			
-2 # 7 # 3 # # 2 # 2 # 2 # 2 # 2 # 2 # 2 # 2 #	ROUP LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ANGELO BUENANO		
		Name of Person	
	CANO GROUP LLC		
		Firm/Company	
	3940 NW 79TH AVE #11	2	
		Address	
	DORAL, FL 33166		
		City/State and Zip Code	
	ANGELOLUIGIB@GMAI	L.COM to be used for future annual report no	41N
For further information c	concerning this matter, please c	•	arteacon)
YALORDE NIEVES		305 200-6692	
Name c	of Person	at () Area Code Dayai	me Telephone Number
Enclosed is a check for t	he 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		Street Address:	
Registration 5 Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	-

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION **OF**

CANO GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 16, 2021 ____ and assigned Florida document number L21000493706 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 Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new-registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

1416316			
AMBR	=	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ANGELO BUENANO	3940 NW 79TH AVE #112 DORAL FL 33166	= Add
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Effective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department of the specifies a delayed effective date of the filed.	e specific and car does not meet rtment of State	tine applicants seeks records.	date of filing or de statutory fi	ling requirem	ents, this da	te will not b	e listed	as
MARCH 8 Dated	2	2022						
			-					
	1							

Filing Fee: \$25.00