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COVER LETTER

TO: Registration Section
Division of Corporations

subject: <u>CA</u>	VARY REAL E Name of Lim	STATE CONCEPTS LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	nitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Emma Jime	nez Perez	
		FirmCompany	
	3333 Soul	Port Royale Drive	
	Fort lauderda	le FLorida, 33308 City/State and Zip Code	
	<u>missenmaji</u> E-mail addres) (mene 3@gmail Com o be used for future annual report notitication)	
For further information co	neerning this matter, please ca	dł:	
Emma Lime Name of	nez Perez	at (<u>454</u>) <u>476 317 7</u> Area Code Daytime Telephone N	umber
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed) Certified Certified Certified Certified Certified Certified Certified Copy is enclosed)	.00 Filing Fee, rtificate of Status & titled Copy fittonal copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St	.in. 916

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 $03/07/2022$ and assigned
Florida document number <u>L 2 2 0 0 0 11 4 5 5 1</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Canary Real Estate Concepts LLC The new name must be distinguishable and contain the words "Limited 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)
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
, Florida
·
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>	Name	Address	Type of Action
		•	□Add
			□Remove
			□Change
			□Add
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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it an ei <u>Note:</u>	fective date, if other than the date of filing:
e recoi rd is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	May 12th 2022
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member
	Emma limenez Perez Typed or printed name of signee

Filing Fee: \$25.00