7/29/22, 9:47 AM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044 Phone : (407)888-3131 Fax Number : (888)453-0509

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

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Help

TO:

Registration Section

COVER LETTER

HODECOMMAND

Division of Corporations CANO EXPRESS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ED KOTLER Name of Person TAX ZONE INC Firm/Company 8865 COMMODITY CIR STE 4 Address ORLANDO, FL 32819 City/State and Zip Code ACCOUNTANT@TAXZONEFL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 407 888-3131 ED KOTLER Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$55.00 Filing Fee &

黨 \$25.00 Filing Fee

□ \$30.00 Filing Fee &. Certificate of Status

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Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

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

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18884530509

CANO EXPRESS LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) billity Company)	
The Articles of Organization for this Limited Liability Company w Florida document number 1.22000303522	rere filed on 07/07/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
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 ad agent and/or the new registered office address here:	ldress on our records, <u>enter the na</u>	time of the new registered
Name of New Registered Agent:		ZODE U
New Registered Office Address:	Enter Florida street address , Florida	PPROVEL FILED FILED ASSECTION
New Registered Agent's Signature, if changing Registered Agent:	City	₩

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:

\[\lambda \times 2 \lambda \

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	VICTOR H CANO	222 KNOLLWOOD DR	≅ Add
	-	DAVENPORT, FL 33837	□Remove
			Change
			- CIRemove
			Change
			_ _Add
			Reinove
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cord specifies a delayed effect s filed.	ive date, but not an effective time,	at 12:01 a.m. on the earl	ier of: (b) The 90th day a	flei the
JULY 29	2022			
	2022 (C. V. (*C.(*N.)) Signature of a member or authorize			