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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Enat) (Valley)
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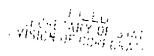
## **COVER LETTER**

TO:

ARCANO INVESTMENT LLC  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:  FRANCY J NINO  Name of Person	
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:  FRANCY J NINO	
Please return all correspondence concerning this matter to the following:  FRANCY J NINO	
FRANCY J NINO	
Name of Person	
ARCANO INVESTMENT LLC	
Firm/Company	
17180 ROYAL PALM BLVD STE 3	
Address	
WESTON, FL 33326	
City/State and Zip Code	
INFO@ASSETSLEADER.COM  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
FRANCY J NINO 754 837-8887 at ( )	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$  \[ \begin{array}{cccccccccccccccccccccccccccccccccccc	
Mailing Address:  Registration Section  Street Address:  Registration Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 AUG -2 AM 11: 27

ARCANO INVESTMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

e filed on 07/08/2022	and assigned
company here:	
ompany," the designation "LLC" of	r the abbreviation "L.L.C."
ress on our records, <u>enter th</u>	e name of the new registered
Enter Florida street address	
	ida Zip Code
City	Zip Code
	ner agree to comply with the
	ress on our records, enter th

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>	<u>Name</u>	Address	Type of Action
MGR	Juan Caval BCL	17180 ROYAL PALM BLVD STE 3	≣Add
	Juan Caval BCL Invostments LLC	WESTON, FL 33326	□Remove
			Change
			□Add
			□Remove
			□Change
			🗖 Add
		<u> </u>	□ Remove
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	on, enter change(s) here: (Attach additional sheets, if necessary,) in table $\frac{\partial h_{ij}}{\partial r_{ij}}$	
	2022 AUG -2	AM 11:
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Effective date, if other than the d	hate of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60:	5.0207.0
Note: If the date inserted in this bloc	ck does not meet the applicable statutory filing requirements, this date will not be list	ted as th
document's effective date on the Dep	partment of State's records.	
the record specifies a delayed effective	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
ord is filed.		
Dated	2022	
S	ignature of a member or authorized representative of a member	
CB ANGV INDIO CO H	EAN CAVAL DOLINVECTMENTS LLC	
FRANCY J NINO C/O JU	JAN CAVAL BCL/INVESTMENTS LLC	
	Typed or printed name of signee	

Filing Fee: \$25.00