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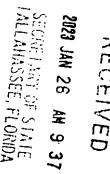
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COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations		•
oun rece	CANVA IN	EVESTMENTS LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Colby Lee Jackson		
			Name of Person	
		Canva Investments LLC		
			Firm/Company	
		2636 WEST MISSION RO	AD APT 20	
			Address	
		TALLAHASSEE, FL 3230	4	
			City/State and Zip Code	
		Canvainvestments@gmail.c	om o be used for future annual report no	titication)
For further in	nformation c	oncerning this matter, please ca	-	cu.ou,
Colby Lee Ja	ackson		336 4664642 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	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)
	iling Addres gistration S		<u>Street Address:</u> Registration Se	ection
Div	ision of C	orporations	Division of Co	rporations
). Box 632 lahassee, I		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<i>,</i> .		111		ENI	١,	1700	ra.	4 I ' N	CI	C	, ,	
١.,	41)	٠v	<i>/</i> \	118	V	ES'	IIV	1121	٩L		וגו	

(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 8/26/22 and assigned Florida document number 1.22000376926 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 mame of the new registered agent and/or the new registered office address here: JAN 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Floridã

Zip Code

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
AMBR	David Franklin Jackson	7307 Wade Hockett Ct S	■Add
		Pleasant Garden, NC 27313	□Remove
			□Change
		·	□Add
			□Remove
			□Change
			□Add
		- · · · · · · · · · · · · · · · · · · ·	□Remove
		-	□Add
			□Change
			□Add
			□Remove
			☐Change
			DAdd
			□Remove
			□Change

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ffectiv	ve date, if other than the date of filing:
	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	ent's effective date on the Department of State's records.
	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
d is file	Signature of a member or authorized representative of a member

EUR E CARO