## L23000082211

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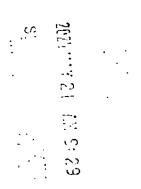
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## **COVER LETTER**

TO: Registration Sectorial Division of Corp.				
SUBJECT:	anopy Rood (Name of Lim	Me #6 L		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
		Lane of Person		
	Canop	4 Road Company	le #6	>
		Mouroe St	,	
	Tallah	Address 1955ee FL Z	32303	
	D RAI	City/State and Zip Code  VEYM) W  to be used for future annual r	OL, CON	1
For further information con	ncerning this matter, please c		•	
DAVID Name of	Kaney	at ( <u>USO</u> ) Area Code	273 - [[] Daytime Telephone	e Number
Enclosed is a check for the	tollowing amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is encl	osed) (	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration So		Street Ad	dress: tion Section	2077
Division of Co			mon Section For Corporation:	; <i>ca</i> 8
P.O. Box 6327		The Cen	itre of Tallahass	ee
Tallahassee, Fl	1. 32314	2415 N	Monroe Street.	Suite 810 7.1

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Canony Roa	d Cate #6LLC
(Name of the Limited 1	Jability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number <u>しる3000</u> 88	lity Company were filed on $\frac{142033}{201}$ and assigned
This amendment is submitted to amend the followi	นด์:
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET)	(DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or regi agent and/or the new registered office address h	stered office address on our records, <u>enter the name of the new registered</u> lere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
-	Florida
N D	City Zip Code
New Registered Agent's Signature, if changing Reg	istered 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>	<u>Name</u>	Address	Type of Action
Mar	Mary Lazarahis	3457 Nelwyn way	
·	l	Jallahassee FL 3230	
			□Change
		<del></del>	
		<del></del>	Remove
		·	□Change
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	e, if other than the date of filing: (optional)
Note: If the d	ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 late inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
locument's ef	ffective date on the Department of State's records.
	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day lafter
recora specii d is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
Dated	5/15/24
	Signature of a member or authorized representative of a member
	David Raney