L23000357937

(Re	questor's Name)	
(Ad	dress)	
(1.0	2.000,	
(Ad	dress)	
(Ci+	y/State/Zip/Phone	#\
(Oit	y/Otate/Zip/Filone	· **)
	<u> </u>	—
☐ PICK-UP	TIAW	MAIL
<u> </u>	siness Entity Nam	<u> </u>
ud)	siness Entity Nam	ie)
(Do	cument Number)	
Continue Contan	Continue	of Capture
Certified Copies	_ Centificates	or Status
Special Instructions to	Filing Officer	
opecial instructions to	i iiiig Oilicei.	}





900416751349

10/03/23--01029--011 ++30.08

DIVISION OF CONFORTIONS

2023 OCT -3 PM 3: 11

Y. SCOTT 0CT 1 5 2023

COVER LETTER

TO:	Registration Se Division of Cor		•	. •	भ
	. •	CANTO	GROUP LLC		
SUBJI	ECT:	Name of Lim	ted Liability Company		
		Amendment and fee(s) are sub-			
Picasc	return att correspo		YERKA PEREZ		
		<u></u>	Name of Person	<u> </u>	-
		DELGAI	OO & PEREZ SVCS CORP		DIV 202
			Firm/Company		SECRET DIVISION O 2023 OCT
			5501 SW 6TH ST		of or or
			Address		PM PM
		CORAI	GABLES, FL 33134		OF STATE RECEATION PM 3: 1
			City/State and Zip Code		- #6
			GADOPEREZ@GMAIL.COM to be used for future annual report no	tification)	
For fur	ther information c	oncerning this matter, please ca			
		DELGADO	786 395-5000		
	Name o	f Person		me Telephone Number	
Enclos	ed is a check for th	ne following amount:			
□ \$2	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional copy	f Status & Py
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Mont Tallahassee, F	orporations Tallahassee oe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CANTO CROUD LEO

	ANTO GROUP LLC	
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears o orida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L23000357937</u>	ty Company were filed on	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here	:
N/A		<u> </u>
he new name must be distinguishable and contain the words	'Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET AL		SSTC 171510 023 DC
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	N/A	FILED STATE ROPE CORPORATION 3: 11
B. If amending the registered agent and/or regist agent and/or the new registered office address here. Name of New Registered Agent:		ords, enter the name of the new regi
Name of New Registered Agent.	12116 MW 11711 4377	
New Registered Office Address:	13115 NW 11TH AVE Enter Florida	street address
	NORTH MIAMI	, Florida 33168
-	City	Zip Code

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CANTO, IGNACIO I, SR	13115 NORTHWEST 11TH	□Add
		NORTH MIAMI, FL 33168	≣Remove
			□Change
MGR	CANTO, IGNACIO	13115 NW 11TH AVE	= Add
		NORTH MIAMI, FL 33168	□Remove
			□Change
			LJO ETUZ Mesioni Secure
			Reinove
			LED gg VOF man IE On Control (CA) PH 3: 11
			□Remove
			□Change
			Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

N/A	
	N
	2023 OCT
	00 00 00 00 00 00 00 00 00 00 00 00 00
	7 - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5
	3 5× m
	<u> </u>
	TE TOKS
	-
tive date, if other than the date of filing:	(optional)
ffective date is listed, the date must be specific and cannot be prio	or to date of filing or more than 90 days after filing.) Pursuant to 605.0
: If the date inserted in this block does not meet the appli ment's effective date on the Department of State's records	icable statutory filing requirements, this date will not be listed s
ment s effective dute on the separation of state of testing	
	the same of the sa
filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after
d	
d	<u> </u>
Tout	
Signature of a member or a ull	horized representative of a member