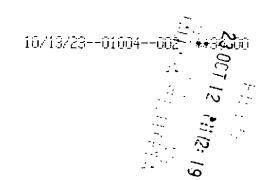
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Special Instructions to F	-ming Officer:	
J. HORNE		
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Office Use Only



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RECEIVED 12 SH 9: 55

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Conoz, LLC SUBJECT:			<u> </u>
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Luis Alonso Caceres Fuent	es	
		Name of Person	
	Canoz LLC		
	•	Firm/Company	
	5 S Pine Island Rd unit 411		
	• • • • • • • • • • • • • • • • • • • •	Address	
	Plantation, Florida 33324		
		City/State and Zip Code	
	luiscaceres81@gmail.com		
	E-mail address: (to be used for future annual report notif	fication)
For further information of	oncerning this matter, please ca	all:	
Mercy Quinonez		954 707-1884 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 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)
Mailing Addres	ss:	Street Address:	
Registration		Registration Se	
	Division of Corporations Division of Corporations		-
P.O. Box 632	O. Box 6327 The Centre of Tallahassee		ailahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

230073 **OF**

Canoz LLC

company has been notified in writing of this change.

(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 I	ishility Company were filed on	08/02/2023	and assigned
Florida document number L23000371294			and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		-
	··		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE			
Training wateress mirr bis mirrors			
B. If amending the registered agent and/or agent and/or the new registered office address.	ess here:	records, enter the nan	ne of the new registered
Name of New Registered Agent:	MERCY QUINONEZ		<u></u>
New Registered Office Address:	5 S PINE ISLAND RD. UNIT 411		
	Enter F	lorida street address	
	PLANTATION	, Florida ³³	
	Ciţy		Zip Со л е
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete performance distered agent as provided for in	of my duties, and I am Chapter 605, F.S. Or,	familiar with and if this document is

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>	Name	Address	Type of Action
AMBR	LUIS ALONSO CASERES FUENTES		_ 🗆 Add
		5 S PINE ISLAND RD. UNIT 411 PLANTATION, FL 3332	24 ■Remove
			□Change
AMBR	LUIS ALONSO CACERES FUENTES	5 S PINE ISLAND RD. UNIT 411 PLANTATION, FL 333.	24 ■Add
			□Remove
			□Change
			□Add
			□Remove
			_ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			DChange
			_ □Add
			□Remove
			□Change

Effective date, if other than the date of filing: OB/02/7023			
Effective date, if other than the date of filing: 08/02/2023			<u> </u>
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Signature of a member or authorized representative of a member			
Signature of a member or authorized representative of a member	OCTOBER 10TH	2023	
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		Typed or printed name of signee	

Filing Fee: \$25.00