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#### LAW OFFICE

### FERNANDO M. GIACHINO, P.A.

3601 SE OCEAN BOULEVARD **SUITE 204** SEWALLS POINT, FLORIDA 34996

FERNANDO M. GIACHINO, J.D., LL.M. BOARD CERTIFIED IN WILLS, TRUSTS, AND ESTATES PHONE (772) 266-4184 FAX (772) 210-6942 www.giachinolaw.com

August 31, 2023

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Canary Yellow, LLC Our File: 21-060.1

Document Number: L23000403404

To Whom It May Concern:

Please find enclosed the Articles of Amendment to Articles of Organization for the above referenced LLC along with our check in the amount of \$25.00 for the filing fee. Please return all correspondence concerning this matter to Fernando M. Giachino, c/o Fernando M. Giachino, P.A., 3601 SE Ocean Blvd., Suite 204, Stuart, FL 34996.

If you have any questions, please contact our office at (772)266-4184.

Sincerely,

FERNANDO M. GIACHINO, P.A.

7-6 (gili

Fernando M. Giachino

FMG/cd Enclosure

cc: Blair P. Scott (w/enclosure)

## **COVER LETTER**

Tallahassee, FL 32314

TO:

TO: Registration Se Division of Cor			
	YELLOW, LLC		or filing.  Howing:  Imme of Person  rm/Company  Address
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Fernando M. Giachino		
		Name of Person	
	Fernando M. Giachino, P.A	۸.	
	<del></del>	Firm/Company	<del>_</del>
	3601 SE Ocean Blvd., Suti	e 204	
		Address	<del></del>
	Stuart, FL 34996		
	christine@giachinolaw.com	City/State and Zip Code	
	• • •	to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Christine DeSantis		772 266-4184	
Name o	f Person	Area Code Daytin	ne 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 Address Registration	Section	Street Address: Registration So	
Division of C P.O. Box 632		Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CANARY YELLOW, LLC

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

(A Florida Limi	ited Liability Company)		
The Articles of Organization for this Limited Liability Comp	pany were filed on Augu	st 28, 2023	and assigned
Florida document number L23000403404			23
This amendment is submitted to amend the following:			23 SEP - 1
A. If amending name, enter the new name of the limited	liability company here	<u>:</u> :	经中国
CANARY YELLOW LLC			1900 <b>3</b>
The new name must be distinguishable and contain the words "Limited I	ability Company," the desi	gnation "LLC" or the a	obreviation" L.I.C."
Enter new principal offices address, if applicable:			5. P
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our rec	ords, <u>enter the nan</u>	ie of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floride	a street address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>		

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
			□ Add
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