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# Cover Letter

Daniel Castelblanco

telephone: 305.316.0427

9690 NW 17 St

Plantation, Fl 3332

## COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	CANOMON2 Name of Lim	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Daniel J	Name of Person	oco
	CANO	MOND LLC Firm/Company	<u> </u>
	9690 A	)W 17 5+ Address	
	Plantati	On, FL 3332. City/State and Zip Code	2021 JAN 31 AM 10: 25
	isabeleris	tina 83@hutmo	ail.com . =
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	10: 2
Doniel	Castelblan	CO at (305) 316 (	0427
Name (	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	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 Addre		Street Address:	ation
Registration Division of 0		Registration Sec Division of Cor	
P.O. Box 63.	27	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CANOMON	1200
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000 0442</u> . Florida document number <u>L24000 06442</u> . Florida amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	707
(Principal office address MUST BE A STREET ADDRESS)	
	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	111 2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new registere
New Registered Office Address:	Enter Florida street address
	, Florida
	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 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
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an effective date is listed, the ote: If the date inserted	than the date of filing: he date must be specific and c I in this block does not me e on the Department of Sta	cannot be prior to date or et the applicable sta			
record specifies a delayer is filed.	ed effective date, but not a	n effective time, at	12:01 a.m. on the earl	ier of: (b) The 90	)th day after the
/*********					
	7/2024	<del></del> ·			
	Daniel	Costul	Han Co	er	