

L0500001611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400078319574

08/08/06--01007--002 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG - 8 PM 2: 38

J. BRYAN AUG - 9 - 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANN HOLDINGS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARISA RAMSAROO
(Name of Person)

ANN HOLDINGS, LLC
(Firm/Company)

16414 SW 1ST STREET
(Address)

Pembroke Pines, FL 33027
(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG - 8 PM 2:38

For further information concerning this matter, please call:

MARISA RAMSAROO at (954) 438-6045
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certificate of Status
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certificate of Status
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ANN HOLDINGS, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on Feb. 21st 2005 and assigned document number L 050000 16111

SECOND: This amendment is submitted to amend the following:

Change Title of MARISA RAMSAROOP
FROM MANAGING MEMBER TO PRESIDENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG -8 PM 2:38

Dated August 2nd, 2006.

M Ramsaroop

Signature of a member or authorized representative of a member

MARISA RAMSAROOP

Typed or printed name of signee

Filing Fee: \$25.00