## L10000028570

Office Use Only



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B. BOSTICK NOV 2 3 2011

EVALUED.



PO Box 260844 12590 Pines Blvd Pembroke Pines, Fl, 33027

954 802 9735 | Fax: 954 237 1059

November 17, 2011

Dear Sir/Madam:

## RE: L10000028570

Please accept the attached for amendment of the ARTICLES OF INCORPROATION for ANEWE LLC, originally filed March 15, 2010. This amendment changes the managing member from Samuel Johnson to Nadjilla Johnson. A check in the amount of \$55 is enclosed.

Should you require additional information, please contact me at (954) 802 973 \$4

Sincerely,

Samuel Johnson

MIT SUPPLIES 5

## **COVER LETTER**

	Registration Secondivision of Corp				
SUBJEC	CT:	ANI	EWE L.L.C		
		Name of Lim	ited Liability Company		
The encl	osed Articles of A	mendment and fee(s) are sul	omitted for filing.		
Please re	eturn all correspon	dence concerning this matter	to the following:		
			NADJILLA JOHNSON		_
			Name of Person		
			Firm/Company	rm/Company	
		РО ВОХ	BLVD		
		Address			
		PEMI	PEMBROKE PINES, FL 33026		
		judeen.anew@gmail.com  E-mail address: (to be used for future annual report notification)			
For furth	er information cor	ncerning this matter, please of	·	t notification,	
					977 5 778 5
	NADJIL Name of I	LA JOHNSON	at ( 954 )	802 9735 Daytime Telephone Number	
	Addite of 1	Cison	Anca code a 2	out in the companion of	
Enclosed	is a check for the	following amount:			
\$25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	✓\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certifie	ate of Status &
		G ADDRESS:	STREET/CO	OURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

	ANEWE L.L.C					
( <u>Name of the Limited Lin</u> (A Flo	ibility Company as it now apporida Limited Liability Company	ears on our records.)				
The Articles of Organization for this Limited Liabi	lity Company were filed on	March 15, 2010	and assigned			
Florida document number <u>Ł100000285</u>	<del>)</del>					
L100000	28570					
This amendment is submitted to amend the followi	ng:					
A. If amending name, enter the new name of th	e limited liability company h	ere:				
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Com	pany," the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applicabl	e: <u>2815 Bogot</u>	a Ave	·			
(Principal office address MUST BE A STREET A	DDRESS) Cooper City	, FI 33026				
		5 A	7 P-2			
		7				
Enter new mailing address, if applicable:	PO Box 260	0844 12590 Pines B	lva 🔯			
(Mailing address MAY BE A POST OFFICE BO	<u>x)</u> Pembroke i	Pines, FI 33026	72, UT 5m			
B. If amending the registered agent and/or registered agent and/or the new registered office	•	our records, enter t	he name of the new			
Name of New Registered Agent: NADJILLA JOHNSON						
New Registered Office Address:	2815 Bogota Ave					
	Enter Florida street address					
_	Cooper City	, Florida	33026			
	City		Zip Code			

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 608, 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.

> ed Agent, Signature of New Registered Agent If Changing Regist

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Samuel Johnson	2815 Bogota Ave Cooper City, Fl. 33026	Add Remove
MGRM	Nadjilla Johnson	2815 Bogota Ave Cooper City, Fl. 33026	✓ Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
	<del></del>		Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
<del></del>		IA_I	
		23 27 27 27	22 Th
Dated/	// <del>}</del> ///	FLORID.	the same
	( <sub>Sa</sub>	or authorized representative of a member armuel Johnson or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00