

L13000121877

(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



400251525504

09/12/13--01016--012 \*\*25.00

2013 SEP 12 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

SEP 13 2013  
T CLINE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANELIM, 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:

ALEJANDRO MARGNI  
Name of Person  
ANELIM, LLC c/o MCG MANAGEMENT, LLC  
Firm/Company  
2655 N OCEAN DR - STE 203  
Address  
RIVIERA BEACH, FL 33404  
City/State and Zip Code  
mcgmanagementllc@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA C. MORO at (561) 215-1604  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                     |                                                                                            |                                                                                                                    |
|--------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee & Certificate of Status & Certified Copy (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

FILED  
2013 SEP 12 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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

ANELIM, LLC

(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 Liability Company were filed on 8/28/2013 and assigned Florida document number L13000121877.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

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 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.*

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	MIQUEAS, ANID	2655 N OCEAN DR-203	<input type="checkbox"/> Add
		RIVIERA BEACH, FL 33404	<input checked="" type="checkbox"/> Remove
MGRM	ANID, MIQUEAS	2655 N OCEAN DR-203	<input checked="" type="checkbox"/> Add
		RIVIERA BEACH, FL 33404	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
2013 SEP 12 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_.

*Michael*

Signature of a member or authorized representative of a member

MARIA C. MORO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 SEP 12 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED