L18000009435

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COVER LETTER

· · · •

Anmit LLC			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Paul Greenberg		
		Name of Person	
	Ritch, Greenberg & Has	san, P.C. CPAs	
	- ,	Firm/Company	
	PO Box 466		
		Address	1- 00
	Shelton, CT 06484		
		City/State and Zip Code	US 13 PM
	pg@rghcpa.com		
	E-mail address: (to be used for future annual report notifi	leation) P G
For further information c	oncerning this matter, please co	all:	
Paul Greenberg		203 929-6371	,, -
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

Division of Corporations

TO:

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

Anmit LLC

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000009435	were filed on 01/10/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	701 Brickell Key Boulevard, Apt	. 504
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33131	· 🕉
		2
Enter new mailing address, if applicable:	701 Brickell Key Boulevard, 科 於	.504 ITI
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33131	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:		
	Total Brickell Key Boulevard, Apt. 504 Miami, FL 33131 Total Brickell Key Boulevard, Apt. 504 Miami, FL 33131 Total Brickell Key Boulevard, Apt. 504 Miami, FL 33131 Tred office address on our records, enter the name of the series of t	
	, Florid	a
New Registered Agent's Signature, if changing Registered Agent	,	Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I furthe performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is
If Cha	nging Registered Agent, <u>Signature of Ne</u>	w 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
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			E TO Add
			α Remove
			Change
			Add
			□ Remove
			Change
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			☐ Remove
			☐ Change

ffective date, if other than the date of filing:			· <u></u>		-
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Page 3 of 3

Filing Fee: \$25.00