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(((H190002935123)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : EXPRESS ACCOUNTING AND INCOME TAX SVCS CORP.

Account Number : 120860800141

Phone : (561)929-6899 Fax Number : (954)788-7400

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANU HOLDING, LLC

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OCT - 3 2019

(((H19000293512 3)))

COVER LETTER

TO: Registration S Division of Co	Section Prporutions	
SUBJECT: ANU HO	LDING LLC	
	Name of Limited Liability Company	
The enclosed Artist		
	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	sandence concerning this matter to the following:	
	ANIBAL QUINTAO	
	Name of Person	
	EXPRESS ACCOUNTING	
	Firm/Company	
	3927 N FEDERAL HWY	
	Address	
	POMPANO BEACH, FL 33064	
	City/State and Zip Code EACLIENTS@GMAIL.COM	
	E-mail address: (to be used for figure angual report nonfication)	
For further information o	concerning this matter, please call:	
ANIBAL QUINTAO	561 929-6899	
Name o	of Person at () Area Code Daytime Telephone Number	
Enclosed is a check for the	be following amount	
S25.00 Filing Fee		

MALLING 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

(((H19000293512 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANU HOLDING LLC		
(Name of the Limited Linkipty C (A Florida Lin	ompany as it now appears on our records.)	<u> </u>
The Articles of Organization for this Limited Liability Com		
Florida document number L19000193555		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	limbility company here:	
The new name must be distinguishable and commit the words "Limited."	Liability Company," the designation "[I C" or	the universitation of T. Am
Enter new principal offices address, if applicable:		and above the state of the stat
Principal office address MUST BE A STREET ADDRESS	2)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
5. If amending the registered agent and/or registered existered agent and/or the new registered office address Name of New Registered Agent:	d office address on our records, <u>en</u> <u>here</u> :	ter the name of the ne
New Registered Office Address:		
	Enter Florida street address	
-	City , Florida	
ew Registered Agent's Signature, if changing Registered Age		Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to act 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 Changing Registered Agent, Signature of New Reciptered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

MGR = Manager AMBR = Authorized Member

<u>Title</u> MGR	Name LAL INVESTMENTS LLC	Address 2400 NW 93RD AVENUE UNIT 7	Type of Action
		DORAL, FL 3314-1	= Remove
			□ Change
~			Add
			□ Remove
			□ Change
 -			
			□ Remove
			□ Change
-			D Ask
			Remove
			Change
			□ Add * ·
			C Change
			
			Change

If amending any other information, enter change(s) her	te: (Auach additional sheets, if necessary.)
<u> </u>	
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	-
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior tooter. If the date inserted in this block does not meet the application ocument's effective date on the Department of State's records.	ove statement's timing requirements, this date will not be the it
record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlie
SEPTEMBER 25TH 2019	
- 100	
Signature of a thomber or author	reed representative of a member

Page 3 of 3 Filing Fee: \$25.00