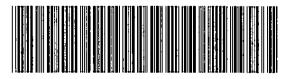
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration S Division of Co			
ANNALIT	TH, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	MICHAEL J. LOONEY		
		Name of Person	
	ANNALITH, LLC		
		Firm/Company	
	150 N. INDIANA AVE.		
	<u> </u>	Address	
	ENGLEWOOD, FLORID	A 34223	
		City/State and Zip Code	
	mike@looneyelectric.com	to be used for future annual report noti	
For further information o	concerning this matter, please c	·	ication)
	-	ait:	
Michael J. Looney OR F		941 474-3104 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addres		<u>Street Address:</u>	
Registration 9	Section	Pagietration Car	ition

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANNALITH, 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 01/13/2021 and assigned Florida document number L03000006285

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 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.

City

Enter Florida street address

___, Florida ___

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
MGRM	WILLIAM E. STIVER	850 SOUTH RIVER RD., ENGLEWOOD, FL 34223	5 □ Add
			= Remove
			□Change
MGRM	JOSEPH C. KORDICK	6733 - 65TH TER E., BRADENTON, FL 34203	≣ Add
			□Remove
			_ □Change
			□Add
			□Remove
			🗆 Change
			_ □Add
			□Remove
			_ □Change
			_ 🗆 Add
			Remove
			
			_ □Change: \ _ □ Add >
			_• ⊡Remove
			□Change

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Filing Fee: \$25.00