

LO800 0073409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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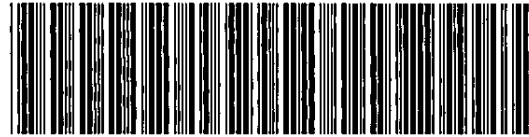
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 21 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANAC SOLUTIONS 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:

RAFFI ANAC  
Name of Person

ANAC SOLUTIONS LLC.  
Firm/Company

1000 E. HALLANDALE BEACH BLVD. #21  
Address

HALLANDALE BEACH FL. 33009  
City/State and Zip Code

ranac@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFFI ANAC at (305) 454-9947  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

ANAC SOLUTIONS 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 7-30-2008 and assigned Florida document number 208000073409.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

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

2645 NE 207 ST

AVENTURA

FL, 33180

Enter new mailing address, if applicable:

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

2645 NE 207

AVENTURA

FL, 33180

**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:

Raffi Anac

New Registered Office Address:

2645 NE 207 ST

*Enter Florida street address*

AVENTURA

*City*

Florida

33180

*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

Title	Name	Address	Type of Action
MGRM	Ruffi Arac	2645 NE 207st Aventura, FL 33180	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Change title to			
MGRM	Sarkis Arac	2645 NE 207st Aventura, FL 33180	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

Dated Sept. 18, 2012

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Ruffi Arac  
Typed or printed name of signee

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AND  
FILED  
SECRETARY OF STATE  
TAMM HASSER, FLORIDA