L08000109198

. (Re	questor's Name)	<u>.</u>
· (Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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SECRETARY OF STATE

NIGOT 2014 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A&N REALTYLLC.
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:
STEVEN COHEN Name of Person
AZN MANAGEMENT, INC.
902 CLINT MOORE ROAD, STE. 110
BOCA RATON, FL 33428 City/State and Zip Code
info@ AAND N MGMT. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
STEVE COHEN at (561) 982-8633 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: (ALREADY PAID)
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee & □

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



July 31, 2014

STEVE COHEN 902 CLINT MOORE STE 110 BOCA RATON, FL 33487

SUBJECT: A&N REALTY, LLC Ref. Number: L08000109198

We have received your document for A&N REALTY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 814A00016394

DIVISION OF CONCRETIONS

11. AUG. - S. PM 3: 28

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A& AI REALT	y LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our I Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 08000/09/9</u> 8	y were filed on	24/3008 and assign	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designat	ion "LLC" or the abbreviation "L.	L <u>C</u> "
Enter new principal offices address, if applicable:		>	1317 1337 1337
(Principal office address MUST BE A STREET ADDRESS)		∂ ∂-	
		סר	
		ಷ್ ಎ	16 <u>7</u>
Enter new mailing address, if applicable:		~ <u>~</u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		records, enter the name o	of the new
New Registered Office Address:			
	Enter Florida stree	et address	
	City	, Florida Zip Code	· · · · ·
New Registered Agent's Signature, if changing Registered Agen	•	zip Come	
			In the state of
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple- accept the obligations of my position as registered agent as	te performance of my du	ties, and I am familiar with	and

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR.	GITLIN, ALLEN	902 CLINT MODRE RS. STE. 110 BOCARATON FI 33487	Add Add Add
			Add
			□ Remove
	,		Add
			Remove OIVISION OF CORPO Add -6 Remove
			- Add
			Add Remove

If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
(The effec	ve date, if other than the date of filing: AUGUST 15, 2014 (optional) cuve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated_	AUGUST 4 , 2014.
	Stohn MMGR
	Signature of a member or authorized representative of a member STEVEN F. COHEN
	Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00 (PRE-PAIL)



MANAGEMENT, INC.
902 Clint Moore Road, Suite #110
Boca Raton, FL 33487
info@AandNmgmt.com

Phone: 561-982-8633

Fax: 561-982-8655

A&N Realty, Inc

I Allen Gitlin, resign as an officer and a director of A&N Realty, Inc. effective June 15, 2014.

Allon Citlin