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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

COVER LETTER

Division of Corporations		
BJECT: ANAflice Ldc		
Nam	e of Limited Liability Company	
e enclosed Articles of Amendment and fee(s)	are submitted for filing.	
case return all correspondence concerning this	s matter to the following:	
Dole	en Scott Name of Person	
ANNA	lice HC	
	Firm/Company	•
2107	HAMMOCK PORK	CT_
	Address	
<u> Idin</u>	ity FL 3465 City/State and Zip Code	<u> </u>
$Q_{\ell} \sim$	Now 1' Ce //C D // O/ address: (to be used for future annual report noti	mar L. Can
or further information concerning this matter.	please call:	
Dorler Scott	at (727) Social Street Code Description	5 9657 ne Telephone Number
Name of Person	Alea Code 174, in	ic receptione (value)
nclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing Fe Certificate of S		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations	STREET/COUR Registration Secti Division of Corpo	on
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive C	
ranandssee, FL 52514	Tallahassee, FL 3	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANNALICE //C (Name of the Limited Liability Con (A Florida Limite			- 29
Articles of Organization for this Limited Liability Compa	my were filed on	Durary 13,	2607 and assigned
rida document number <u> </u>		, ,	
s amendment is submitted to amend the following:			
If amending name, enter the new name of the limited li	iability company b	ere:	
new name must be distinguishable and contain the words "Limited Li	ability Company " the	fusionation "LLC" or the ab	shreviation "L.I. C."
new name must be distinguishable and contain the words. Climited Cl	ability Company, und	lesignation into or the ar	. 5.0
er new principal offices address, if applicable:			- 18 - FE CI
incipal office address MUST BE A STREET ADDRESS	<u> </u>		AR ARE
			2 SSI
er new mailing address, if applicable:			T ST
uiling address MAY BE A POST OFFICE BOX)			AT BE
If amending the registered agent and/or registered istered agent and/or the new registered office address l		n our records, <u>enter</u>	the name of the no
Name of New Registered Agent:			
New Registered Office Address:	Fnar Fh	orida street address	
	25.11(7.7.1)		
	City	, Florida	Zip Code
w Registered Agent's Signature, if changing Registered Age	,		·
ereby accept the appointment as registered agent and ovisions of all statutes relative to the proper and completely the obligations of my position as registered agenting filed to merely reflect a change in the registered of appany has been notified in writing of this change.	agree to act in this lete performance o as provided for in	f my duties, and Lam_ Chapter 605, F.S. Or,	familiar with and , if this document is
166	Changing Registered A	gent, <u>Signature of New R</u>	egistered Agent

Page 1 of 3

imending removed f	Authorized Person(s) authorized to m. rom our records:	anage, <u>enter the title, name, and</u>	address of each person being added
GR = Ma 1BR = Au	nnager athorized Member		
<u>le</u>	<u>Name</u>	Address	Type of Action
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		Trinity 1/2 3	4655 Remove
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ective date, i	if other than the	date of filing	:		1 - 00 1	(optional)	D	\
te: If the date	is listed, the date must inserted in this blo tive date on the De	ock does not m	eet the applica	to date of filing or able statutory fili	ng requireme	nts, this date	will not be lis	sted as
record spe he 90th da	cifies a delayed by after the reco	effective d ord is filed.	ate, but no	t an effective	time, at 1.	2:01 a.m. (on the ear	lier o
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	(6)	X /ILI	$\mathcal{C} \mathcal{C} \mathcal{C} \mathcal{C} \mathcal{C} \mathcal{C}$	orized representati	re of a member	<u> </u>		
	Dol es	un Sa	OTT	ed name of signee				
			Typed or printe	d name of signee.	i i			

Page 3 of 3

Filing Fee: \$25.00