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Office Use Only



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JUL 2 9 2016 S. YOUNG

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT:	ANRO Name of Limi	GROUP LLC ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	A	Name of Person  NITO GROUP LLC  Firm/Company  301 Sleepy H  Address  TAMPA, 7L 336  City/State and Zip Code	sllin Ceve	16 JUN 28 PH 12: 08
For Guellon in Commission on		o be used for future annual report notifi	cation)	
	Person	at(_813)629-	- 0165 Telephone Number	
Enclosed is a check for th	e 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 Statu Certified Copy (additional copy is encl	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anno	Gruyp LC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company & it now appears or a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability of Florida document number	Company were filed on <u>A</u>	1905 10, 2009 and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company " the decin	nation "I I C" or the abbreviation "I	I.C."
Enter new principal offices address, if applicable:	mice Elabiniy Company, the desig	mation LLC of the abbreviation L.	L.C.
Enter new principal offices address, it applicable: (Principal office address MUST BE A STREET ADD)		·	- F
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		7	
Enter new mailing address, if applicable:		_	
(Mailing address MAY BE A POST OFFICE BOX)			王 卫 0
			0 5
B. If amending the registered agent and/or registered agent and/or the new registered office add		ur records, <u>enter the name</u>	of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
	City	, Florida Zip Code	<del></del>
	City	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 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 Registered Agent

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>Name</u> **Type of Action** Andrea A. Ballestews 301 Sleepy (follow Ceve - Add \_□ Change □ Remove ☐ Change □ Ãđd ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

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Filing Fee: \$25.00