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COVER LETTER

Registration Section Division of Corporations

Anoris International 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:

Luis J Garcia Name of Person Anoris International LLC Firm/Company 8508 Andover Bridge Ct. Address

Orlando, FL. 32829

City/State and Zip Code

homelui@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis J Garcia

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anoris International LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L10000090016</u> .	y were filed on August 26, 2010	and assigned
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 "Lin"L.L.C."	nited Liability Company," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>.</u>
		19 00 28
Enter new mailing address, if applicable:		9 JUN -
(Mailing address MAY BE A POST OFFICE BOX)		7 SEE
		28 N C
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
*****	, Florida	
	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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u> MGRM	Name Hector Buxade	Address 8508 Andover Bridge Ct	Type of Action
		Orlando, FL. 32829 US	Add Remove
			Add Remove
			Add
			Remove:
			PH Remove
			Add
			_
			Remove

i ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u>, , , , , , , , , , , , , , , , , , , </u>
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- d t	five dith. 2013.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Luis J Garcia
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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