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T. CLINE

OCT 26 2011

EXAMINER.

COVER LETTER

TO:

Registration Section

Division of Co	orporations				
SUBJECT:	BJECT: ANAA HOLDINGS II, LLC				
Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
	ABDUL MATHIN				
	Name of Person				
	Firm/Company				
	5012 LATROBE DRIVE				
		Address		et	
		NDERMERE, FL. 34786 City/State and Zip Code		2011 OCT 25 SECRETARY TALLAHASSEI	ومدور
	ar	mathin@optimafl.com		ETA HAS	
•	E-mail address: (to be used for future annual report notific	ation)		2-4
For further information	concerning this matter, please of	all:		MIO, CO OF STATE E. FLORIDA	C
	Abdul Mathin of Person	at (321) 6	395-2324		
Nume	or reison	Alca Code & Dayline	Telephone Ivanioei		
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)	Certified	te of Status &	ed)
MAILING ADDRESS:		STREET/COURIE Registration Section			
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corpora Clifton Building 2661 Executive Cen	tions		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AN/	AA HOLDINGS II, LLC	
(<u>Name of the Limited Li</u> (A FI	ability Company as it now appe orida Limited Liability Company	ars on our records.
The Articles of Organization for this Limited Liab Florida document number L110001143		October 6, 2011 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	e limited liability company h	ere:
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	
Principal office address MUST BE A STREET A	ADDRESS)	7.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on	our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	a	nter Florida street address
	L	
-	City	, Florida Zip Code
	~,,,	4,0000

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 MGR Abdul Mathin 5012 Latrobe Drive ✓ Add Windermere, FL 34786 Remove <u>MGRM</u> Abdul Mathin 5012 Latrobe Drive ☐ Add ∇ Remove Windermere, FL 34786 MGRM Nuzhat Mathin 5012 Latrobe Drive ☐ Add Windermere, FL 34786. Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) This document has been duly executed and filed in accordance with Florida Statutes §608.411 October 20 Dated ____ 2011 Signature of a member or authorized representative of a member Abdul Mathin

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00