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EXAMINER

COVER LETTER

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

ANAA HOLDINGS I, LLC SUBJECT: _ 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: ABDUL MATHIN Name of Person Firm/Company **5012 LATROBE DRIVE** Address WINDERMERE, FL. 34786 City/State and Zip Code amathin@optimafl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Abdul Mathin Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$55.00 Filing Fee & \$30.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ANAA HOLDINGS I, LLC	3			
(<u>Name</u>	of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) y)			
The Articles of Organization for t	his Limited Liability Company were filed on _	October 6, 2011	and assig	gned	
Florida document number	L11000114372				
Γhis amendment is submitted to a	mend the following:				
A. If amending name, enter the	new name of the limited liability company h	nere:			
The new name must be distinguisha 'L.L.C."	ble and end with the words "Limited Liability Con	npany," the designation "LL	C" or the ab	obreviation	
Enter new principal offices add	ress, if applicable:				
Principal office address MUST	BE A STREET ADDRESS)		<u> </u>		
			<u> </u>		
			ES T		
Enter new mailing address, if a	pplicable:		ကုိ က		
Mailing address MAY BE A POST OFFICE BOX	ST OFFICE BOX)			भगमानी १ ५ है	
			SP IS	#iting.	
		;	17 10 10 10		
B. If amending the registered registered agent and/or the new	l agent and/or registered office address or	our records, enter th	e name of	the new	
egistered agent and/or the new	registered office address here.				
Name of New Registere	d Agent:				
New Registered Office					
	•	Enter Florida street address			
		, 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 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 <u>Name</u> Title Address Type of Action MGR Abdul Mathin 5012 Latrobe Drive ✓ Add Windermere, FL 34786 Remove Abdul Mathin MGRM 5012 Latrobe Drive ☐ Add Windermere EL 34786 ✓ Remove MGRM **Nuzhat Mathin** 5012 Latrobe Drive ☐ Add Windermere, FL. 34786 ∇ Remove Remove \square Add □Remove A'dd 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 2011 Dated ____ 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