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†MEMBERS NOT ADMITTED
IN FLORIDA

December 29, 2015

Florida Department of State
Division of Corporations
Corporate Filings
P. O. Box 6327
Tallahassee, FL 32314

Re: AN TRA, LLC

Dear Sir or Madam:

Enclosed please find the original Articles of Amendment to Articles of Organization which has been signed by all parties in connection with the above-referenced entity. I would ask that you please process this document and return the enclosed copy, as a certified copy, to our office. I have enclosed a self-addressed, stamped envelope for your convenience.

Additionally, I have enclosed this firm's check number 16066 in the amount of \$55.00 to cover the charge for the filing of this document and the certified copy.

Thank you for your assistance in this matter and should you have any questions, or require additional information, please feel free to contact this office.

Sincerely yours,

Michelle A. Gironda

Michelle A. Gironda, Paralegal to
Richard L. Pearse, Jr.

/mag
Enclosures

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TALLAHASSEE, FLORIDA
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF AN TRA, LLC

The undersigned hereby executes and acknowledges the following Articles of Amendment to Articles of Organization of An Tra, LLC, for the purpose of amending the previously filed Articles of Organization thereof in accordance with the provisions of §605.0202, Florida Statutes:

- 1. *Name.* The name of the limited liability company is An Tra, LLC.
- 2. *Date of Filing Articles of Organization.* The Articles of Organization of An Tra, LLC, were filed with the Secretary of State of Florida on October 8, 2012, and assigned document number L12000127922.
- 3. *Amendment to Articles of Organization.* The Articles of Organization of An Tra, L.L.C., are hereby amended as follows:
 - a. Article II of the Articles of Organization of An Tra, L.L.C., shall be amended by striking the entire Article II and substituting the following new Article II in lieu thereof:

Article II

The street address of the principal office of the Limited Liability Company is: 400 Island Way #1505, Clearwater, Florida 33767
The mailing address of the Limited Liability Company is:
400 Island Way #1505, Clearwater, Florida 33767

- b. Article IV of the original Articles of Organization of An Tra, L.L.C., shall be amended by striking the entire Article IV and substituting the following new Article in lieu thereof:

Article IV

The name and Florida street address of the registered agent is:
Michael R. Magner, 400 Island Way #1505, Clearwater, Florida 33767.

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: Michael R. Magner
Michael R. Magner

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c. Article V of the original Articles of Organization of An Tra, L.L.C., shall be amended by striking the entire Article V and substituting the following new Article V in lieu thereof:

Article V

The name and address of the managing member/manager is:

Michael R. Magner, 400 Island Way #1505, Clearwater, Florida 33767.

4. Execution. The name and address of the person executing these Articles of Amendment to Articles of Organization of An Tra, L.L.C., is Michael R. Magner, 400 Island Way #1505, Clearwater, Florida 33767.

The person executing these Articles of Amendment to Articles of Organization of An Tra, L.L.C., is the sole member of the limited liability company.

IN WITNESS WHEREOF, I have executed these Articles of Amendment to Articles of Organization of An Tra, L.L.C., on this December 29, 2015.

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TALLAHASSEE, FLORIDA

Michael R. Magner, Sole member
Michael R. Magner, Sole Member

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me on this December 29, 2015, by Michael R. Magner, who was personally known to me or who produced the following evidence of his identity: _____



Michelle A. Girona
Print Name: _____
NOTARY PUBLIC - STATE OF FLORIDA
My commission expires: _____