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B. BOSTICK

JUN 1 9 2013

COVER LETTER

	ristration Section ision of Corporations		
SUBJECT:	ANALE MAR, LCC 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:		
	MARIAN JARAJTI Name of Person 2550 NW 12 AVR Jel 11 Firm/Company	ľ	
	Address Windi, KC 33122 City/State and Zip Code	201	
For further in	E-mail address: (to be used for future annual report notification) A FORMATION CONTRACTOR OF A	7013 JUN 18 P	
-BCAN	Name of Person at (951) 296-1965 To Area Code & Daytime Telephone Number 25-	PK 12: 25	<u>ئ</u> ے؛
		25	
Enclosed is a	check for the following amount:		
र्च \$25.00 Fi	ling Fee U\$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) U\$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	itus &	osed)

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

ANALEM	AR, LCC
(Name of the Limited Liability Compar (A Florida Limited L	
The Articles of Organization for this Limited Liability Company	were filed on $3/12/13$ and assigned
Florida document number 1/3 000037581	TALL SECTION
This amendment is submitted to amend the following:	2013 JUN 18 SECRETARY TALLAHASSI
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi "L.L.C."	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	P.O. Box 02-5242 Mianui, FL 33/02-5242 Code 10073
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

, Florida ₋

Zip Code

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>:

MGRM = N	Managing Member		
Title ·	<u>Name</u>	Address	Type of Action
			Add
			Remove
			—— П Д
			Add Remove
			SEX XXX
			PM IZ Z
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Kemove
			Add
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f amending	any other information, enter change(s) here: (Attach additional sheets, if neces	ssary.)
•	• •	
•		
		
<u> </u>		-
	06/14/2013	
	C.C. Montora.	
	Signature of a member or authorized representative of a member	
	ANA Cacilia MontayA	,
	Typed or printed name of signee	
	Page 3 of 3	∑ ω

Filing Fee: \$25.00