Division of Corporations   Page 1 of 2

H15000252162 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

LI3000142935

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000252162 3)))

H150002521623ABCY

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```
To:
        Division of Corporations
        Fax Number      :  (850)617-6383

From:
        Account Name    :  TAXLEAF.COM INC
        Account Number  :  I20140000084
        Phone           :  (305)541-3980
        Fax Number      :  (305)541-7033
```

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ANECON LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

H15000252162 3

Electronic Filing Menu   Corporate Filing Menu   Help

OCT 22 2015
J. HARRIS

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H15000252162 3

ANECON LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on __10/09/2013__ and assigned

Florida document number __L13000142935__ .

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

_____

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

_____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

_____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

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 605, 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**

Page 1 of 3

H15000252162 3

If amending the Managers or Authorized Member on our records, **enter the title, name, and address of each Manager or Authorized Member being added or removed from our records**:

MGR = **Manager**
AMBR = **Authorized Member**

H15000252162 3

Title	Name	Address	Type of Action
MGRM	ARROYO, MARTA SUSANA	18246 COLLINS AVE SUNNY ISLES BEACH, FL 33160	☐ Add ■ Remove
MGR	CASPANI, BRUNO	18246 COLLINS AVE SUNNY ISLES BEACH, FL 33160	☐ Add ■ Remove
MGR	CASPANI, EDUARDO O	18246 COLLINS AVE SUNNY ISLES BEACH, FL 33160	☐ Add ■ Remove
MGR	CASPANI, MARIA TERESA	18246 COLLINS AVE SUNNY ISLES BEACH, FL 33160	☐ Add ■ Remove
MGR	PEREZ, JOSE	3111 N UNIVERSITY DR STE 105 CORAL SPRINGS, FL 33065	■ Add ☐ Remove
			☐ Add ☐ Remove

H15000252162 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*
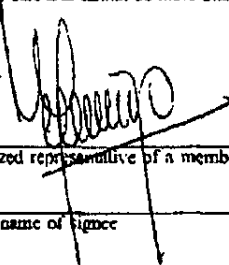
_____

_____

_____

_____

_____

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **OCTOBER 16** , **2015**

_____
Signature of a member or authorized representative of a member

MARTA ARROYO
_____
Typed or printed name of signee

Page 3 of 3

H15000252162 3