WE070000711

(Requestor's Name)	_		
(Address)	_		
(Address)	_		
(City/State/Zip/Phone #)	_		
PICK-UP WAIT MAIL			
(Business Entity Name)	_		
(Document Number)			
Certified Copies Certificates of Status	_		
Special Instructions to Filing Officer:			

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SECRETARY OF STATE
SECRETARY OF

S Warren MAY 1 0 2017

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJE	A.N.S. HO	USES LLC			
50101		Name of Lim	ited Liability Company		
		Amendment and fee(s) are substitution of the s	-		
		Kristine Polo			
	Name of Person				
	Smyth & Hauck, PA				
			Firm/Company	And the second s	
		631 U.S H wy 1,	Ste. 411		
Address					
North Palm Beach, FL 33408					
	City/State and Zip Code kristine@smythhauckcpa.com				
			to be used for future annual report notifi	cation)	
For furt	her information co	oncerning this matter, please or	all:		
Eugene	Sullivan		908 432-9705		
Name of Person Area Code Daytime Telephone Number			Telephone Number		
Enclose	ed is a check for th	e following amount:			
□ \$ 25	,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

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, PL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A.N.S. HOUSES LLC			
(Name of the Limit	ed Liability Company as it nov (A Florida Limited Liability Co.	y appears on our records.) mpany)	
The Articles of Organization for this Limited L. Florida document number L14000004036	iability Company were filed	i on 01/08/2014	and assigned
This amendment is submitted to amend the following	owing:		·
A. If amending name, enter the new name of	f the limited liability comp	oany here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Compan	y," the designation "LLC" or	the abbraviation "IIIC."
Enter new principal offices address, if applic	able:		5 5
(Principal office address MUST BE A STREE	TADDRESS)		-8 FE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			FSTATE FLORIDA
B. If amending the registered agent and registered agent and/or the new registered or		ress on our records, e	enter the name of the nev
Name of New Registered Agent:	Smyth & Hauck	KRISTING	Pow
New Registered Office Address:	631 US-HWY 1,	Ste 411 Inter Florida sireet address	
	North Palm Beach	, Floric	da <u>33408</u>
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
MGR	Moshe Dunoff	11370 Twelve Oaks Way Unit 312	
		North Palm Beach, FL 33408	
			□ Change
AMBR	Eugene Sullivan	4574 Capital Drive	≅ Add
		Lake Worth, FL 33463	□ Remove
		With the transfer of the trans	Change
			Add
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change

			Remove ALLAHARAM ASSEMBANDAN A
			FILED 7 MM -8 PN 1635 ECHOCHER AND STATE ALLAHASSEE, FLORIDA

☐ Change

D. If amending	any other information, enter change(s) he	ere: (Attach additional sheets,	if necessary.)	

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pa man , _{ski} a.p.	**************************************			
				
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Note: If the	te, if other than the date of filing: ate is listed, the date must be specific and cannot be pr date inserted in this block does not meet the app ffective date on the Department of State's recor	licable statutory filing requiremen	(optional) ys after filing.) Pursuant to 605.020 its, this date will not be listed a)7 (3)(b is the
If the record : (b) The 90th	pecifies a delayed effective date, but day after the record is filed.		::01 a.m. on the earlier o	of;
Dated May	2017	······································		
			型名 3	
	Signature of a member or au	ithorized representative of a member	三	
N	oshe Dunoff	inted name of signee	ASS AS	FILED
	typed or pr	nued unue of signee		
	Pa	ge 3 of 3	I: 35 STATE LORID	
•	Filing	Fee: \$25.00	DA M	