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



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COVER LETTER

10:	Division of Corp			•
	ANK MAIN	TIENANCE & LOGISTICS L	LC	
SUBJE	СТ:			
		Name of Lim	ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	_	
	·	DAPHNE N. LANTIGUA	•	
			Name of Person	
			Firm/Company	
		PO BOX 771052		
			Address	
		CORAL SPRINGS, FL 330)77	
		ankml.llc@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For furt	her information co	oncerning this matter, please ca	all:	
DAPHN	NE LANTIGUA		786 368-9017	
<u>.</u>	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$ 25	5.00 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 Addres Registration S		Street Address: Registration S	ection

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

s on our records.)		
28/2014	_ and assig	ned
<u>re</u> :		
signation "LLC" or the abbre	viation "L.L.C	·
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	re: esignation "LLC" or the abbre cords, enter the name of	and assign and assign and assign are: Signation "LLC" or the abbreviation "L.L.C" Signation are the signation are the signature of the sig

New Registered Agent's Signature, if changing Registered Agent:

ANK MAINTENANCE & LOGISTICS LLC

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

<u>Title</u> MGR	<u>Name</u> DAPHNE N. LANTIGUA	Address PO BOX 771052, CORAL SPRINGS, FL 33077	Type of Action
			≅ Add
			Пепюче
MGR	CAPRILES, DAPHNE	DO DON 771052 COD (1 SPRINGS EL 22077	Change
MGR	CAURITIO, DAI PINIS	PO BOX 771052, CORAL SPRIINGS, FL 33077	□ Add
			=Remove
AMBR	MIGUEL LANTIGUA	PO BOX 7710552, CORAL SPRINGS, FL 33077	□Change
	WINCOLD LANTIOUA	FO BOX 7710352, CORAL SPRINGS, F1,33077	= Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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_____ □Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an el <u>Note:</u>	live date, if other than the date of filing:
f the reco ecord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	121, 2024.
	Signature of a member or authorized representative of a member
	Daphne N. Caprites