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COVER LETTER

	Registration Sec Division of Corp			
CUD IP	Cripplegate	e Associates LLC		
SUBJEC	71: <u></u> _	Name of Limi	ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	ndence concerning this matter	to the following:	
		Debrah Herman		
			Name of Person	
		Anzu Partners LLC		
			Firm/Company	
		12610 Race Track Road	, Suite 250	
			Address	
		Tampa, FL 33626		
			City/State and Zip Code	
		debrah@anzupartners.co		
		E-mail address: ()	to be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please ca	all:	
Debrah	Herman		813 917-7733 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne 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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cripplegate Associates 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 April 24, 2015 Florida document number ______15000073036 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Anzu Ventures I LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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 <u>Address</u> **Type of Action Title** Name. _□ Add _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change _□ Add _□ Remove _□ Change _□ Add □ Remove _□ Change _□ Add ☐ Remove _□ Change _□ Add ☐ Remove

☐ Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	July 30 . 2018 DEMAN HEMEN Signature of a member or authorized representative of a member
	Debrah Herman Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00