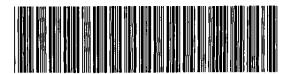
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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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(Business Entity Name)	
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Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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Effective: 02/26/2018

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

אוט	ision of Cor	porations		
SUBJECT:	ANROLO	LLC		
sebone.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		RUSSO, Frederique		
			Name of Person	
		ANROLO LLC		
			Firm/Company	.
		33 4TH ST N STE 201		
			Address	
		ST PETERSBURG, FL 33	701	
			City/State and Zip Code	
		jm06000@hotmail.com		
		E-mail address: (1	to be used for future annual report notif	ication)
For further in	nformation c	oncerning this matter, please ca	ali:	
Chant Karaj	jian		844 707-3773	
	Name o	f Person		e Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00 F	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:

TO:

Registration Section

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

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now a a Limited Liability Comp	ppears on our records.) eany)	
The Articles of Organization for this Limited Liability (Florida document number L15000074737	Company were filed o	on 12/11/2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability compa	ny here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company,	'the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5315 Park	Blvd, Suite3	18 TAL
(Principal office address MUST BE A STREET ADD	Pinellas P.	ark, FL 33781	FEB 2
Enter new mailing address, if applicable:	5315 Park	Blvd, Suite 3	PH 7
Mailing address MAY BE A POST OFFICE BOX)	Pinellas P	ark,, FL 33781	ORIGINAL DE LA CONTRACTOR DE LA CONTRACT
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent: 5 STA			ter the name of the
5215	Park Blvd, Suite 3		
New Registered Office Address: 5315	·	er Florida street address	
Pinel	as Park	, Florida	a 33781
	City		Zip Code

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

ANDOLOTIC

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

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>	<u>Name</u>	Address	Type of Action
AMBR	GARNIER, Olivier, Sr	33 4TH ST N SUITE 201	
		ST PETERSBURG, FL 3	3701 ■ Remove
			Change
			□ Add
			Remove
			□ Change
			□ Remove
			☐ Change
		<u> </u>	□ Add
			□ Remove
			□ Change
			□ Add
			Change
			Add
			□ Remove
			☐ Change

amending any other informatio	n, enter change(s) here: (Attach additional	i sneets, ij necessary.)
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ective date, if other than the date offective date is listed, the date must be te: If the date inserted in this block current's effective date on the Department's	specific and cannot be prior to date of filing or more to does not meet the applicable statutory filing re	(optional) than 90 days after filing.) Pursuant to 605,0207 quirements, this date will not be listed as
record specifies a delayed e The 90th day after the record	ffective date, but not an effective time I is filed.	e, at 12:01 a.m. on the earlier o
ed FEBRUARY 15th	2018	
	(Jeuso	
Sig	mature of a member or authorized representative of a	member
	F. Ausso	

Page 3 of 3

Filing Fee: \$25.00