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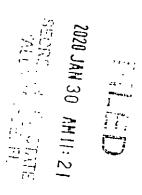
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	ANROLO LLC	
UBJI	CT:	Name of Limited Liability Company
	,	Name of Elimited Liability Company
he en	closed Articles of Amendment and fe	ce(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the following:
	PETER SAVI	NEAU
		Name of Person
	MCR PARTN	PERS, INC.
		Firm/Company
	20533 BISCA	YNE BLVD (1301)
		Address
	MIAMI, FL 3.	33180
	MCRPARTNE	City/State and Zip Code
		nail address: (to be used for future annual report notification)
Ear for		·
	her information concerning this matt R SAVINEAU	786 607-2005
1616		
	Name of Person	at () Area Code Daytime Telephone Numbe

Mailing Address:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed)

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

Certificate of Status & Certified Copy (additional copy is enclosed)

ARTICLES OF ORGANIZATION OF

ANROLO 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 and assigned Florida document number L15000074737 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 contain the words "Limited Liability Company," the designation "LLC" or the abbre region "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1 1 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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JEAN-MARIE BROUANT	P.O. BOX 926	
		ST. PETERSBURG, FL 33731	j \/Add
			□Remove
			□Change
MGR	FREDERIQUE RUSSO		Denange
		P.O. BOX 926	X Remove
		ST. PETERSBURG, FL 33731	·
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rument's effective date on the De	partment of State's records.			
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