L15000155097

(Re	equestor's Name)	
(Ad	ldress)	·
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Na	me)
(Do	ocument Number)
Certified Copies		
Special Instructions to	Filing Officer:	

Office Use Only



900296336679

03/08/17--01002--021 **50.00

MIN MAR -9 A DO 32

DEPARTMENT OF STAT

S Warren MAR 1 0 2017



March 9, 2017

CORPORATE ACCESS, INC.

SUBJECT: ANFRANPE, LLC Ref. Number: L15000155097

We have received your document for ANFRANPE, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

ENTITY IS LISTED IN OUR RECORDS AS ROZENCWAIG & NADEL, LLP

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 717A00004527

	ACCESS,	n you need ACCESS to the world East 6th Avenue. Tallahassee, Florida 32303
i : !	1	-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
•	PICK UP	WALK IN 3 8 17
	CERTIFIED COPY	
Ď	<u>_</u> РНОТОСОРУ	
	cus	
.)	FILING _	Amendment
1.	Anfrance LLC (CORPORATE NAME AND DOCUMENT	<u>)</u>
2.	(CORPORATE NAME AND DOCUMENT	#)
3.	(CORPORATE NAME AND DOCUMENT	#)
4.	(CORPORATE NAME AND DOCUMENT	¥)
5.	(CORPORATE NAME AND DOCUMENT	¥)
6.	(CORPORATE NAME AND DOCUMENT	')
SPEC INSTI	IAL RUCTIONS:	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANFRANPE, LLC			
(Name of the Lim	ited Liability Comps (A Florida Limited	ny as it now appe Liability Company)	ars on our records.)
The Articles of Organization for this Limited I	iability Company	were filed on $\frac{0}{2}$	9/10/2015 and assigned
Florida document number L15000155097	<u> </u>		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company l	nere:
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	c/o 301 W. HALLANDALE BEACḤ BLVD.	
(Principal office address MUST BE A STREET ADDRESS)		HALLANDALE BEACH, FLORIDA 33009	
		<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		c/o 301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FLORIDA 33009	
Name of New Registered Agent:	ROZENCWAIG & NADEL, LLP		
New Registered Office Address:	301 W. HALLANDALE BEACH BLVD.		
non-magnistra comos residendo.		rida street address	
	HALLANDAL	E BEACH	, Florida ³³⁰⁰⁹
		City	Zip Code
New Registered Agent's Signature, if changing I	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

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
MGR	Carolina L. Suastegui Jimenez	301 W. Hallandale Beach Blvd.	
		Hallandale Beach, Florida 33009	☐ Remove
			Change
MGR	Jose A. Marazita Espinar	301 W. Hallandale Beach Blvd.	
		Hallandale Beach, Florida 33009	□ Remove
			Change
			D Add
			🗅 Remove
			Change
			□ Remove
		***************************************	☐ Change
 			
			Remove Change HANNAddo
			Change Change Change Addo Addo Addo Addo Addo Addo Addo Add

	/A		ter change(s) here: (Attach additional sheets	
_				
_			<u> </u>	
_		·		

_		,		
_			A control of the cont	
-				
		······································		
_		· · · · · · · · · · · · · · · · · · ·		
ffectiv	e date, if other	than the date of	filing:	_ (optional)
an effec lote: If	tive date is listed, the date inserted	the date must be specif	ic and cannot be prior to date of filing or more than 90 do not meet the applicable statutory filing requirement	ays after filing.) Pursuant to 605.0207 (3 ints, this date will not be listed as the
reco The 9	rd specifies a Oth day after	delayed effecti the record is fi	ve date, but not an effective time, at 12 ed.	2:01 a.m. on the earlier of:
ated	Harch	8	. 2017.	
		Inlie ar	12/	: 44 E
		, ,	of a member/or authorized representative of a member	Emma france
		_	·	
	LESLIE ALA	N ROZENCWAIG	Typed or printed name of signce	
			. The at himse water of allies	A -9 A
			Page 3 of 3	STATE LORIDE
			Filing Fee: \$25.00	ram 🐃