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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	Anzu Axsun	Class B LLC			
		Name of Limi	ted Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are sub-	nitted for filing.		
Please return	all correspon	dence concerning this matter t	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.com			
		E-mail address: (t	o be used for future annual re	port notification)	
For further in	nformation co	ncerning this matter, please ca	H:		
Debrah Herr	nan		813 917- at ()	-7733	
	Name of	Person	at () Area Code	Daytime Telephone Number	r
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certifica (sed) Certified	ite of Status &

TO:

Registration Section

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

Anzu Axsun Class B 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 10/9/15 Florida document number L15000172772 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Anzu A Class B 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
	·		Remove
			Change
			
			☐ Remove
			Change
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		□ Remove	
			Change
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			Add
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable state tument's effective date on the Department of State's records.	f filing or more than 90 days after filing.) Pursuant to 605.02
record specifies a delayed effective date, but not an ef he 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier
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Debuh Herman Signature of a member or authorized rep	secondative of a number
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Page 3 of 3

Filing Fee: \$25.00