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JANO 5 2016 J. HARRIS

COVER LETTER

TO:	Registration Section ' Division of Corporations	
SUBJE	T. ANBCIA CARDOVA LLC	
SOBJE	T: ANECIA CARDOVA LLC Name of Limited Liability Company	
The enc	osed Articles of Amendment and fee(s) are submitted for filing.	
Please re	turn all correspondence concerning this matter to the following:	
	ANECIA CORDOVA	
	Name of Person	
	ANECIA CORDIOVA Name of Person Anecia Condova LLC Firm/Company	
	Firm/Company	
	1600 Yahner Street SE	
	· Address	
	Palm Bay Florida 32909 City/State and Zip Code Shermana Verita Sheme care. com E-mail address: (to be used for future annual report notification)	
	City/State and Zip Code	
	Ishermana verita shome care. com	
	E-mail address: (to be used for future annual report notification)	
For furt	er information concerning this matter, please call:	
	NECIA CARDOVA at (J71) 317 - 4791 Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclose	is a check for the following amount:	
↑ \$25	00 Filing Fee Solution Status S55.00 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Statu 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2015

ANECIA CORDOVA 1650 YAHNER STREET SE PALM BAY, FL 32909

SUBJECT: ANECIA CORDOVA LLC

Ref. Number: L15000179062

2015 DEC 28 - AM 10: 14.7

We have received your document for ANECIA CORDOVA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 615A00025586





FLORIDA DEPARTMENT OF STATE Division of Corporations

November 9, 2015

ANECIA CORDOVA 1650 YAHNER STREET SE PALM BAY, FL 32909

SUBJECT: ANECIA CORDOVA LLC

Ref. Number: L15000179062

We have received your document for ANECIA CORDOVA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 015A0002369

15 DEC -3 AM 11: 19

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANECIA	A CORDOVA LLC
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Complete Florida document number	spany were filed on $\frac{10/15/2015}{}$ and assigned
_	
A. If amending name, enter the new name of the limited	l liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1650 YAHNER ST SE
(Principal office address MUST BE A STREET ADDRES	SSI PALM BAY, FL 32909 3
Enter new mailing address, if applicable:	PALM BAY, FL 32909
(Mailing address MAY BE A POST OFFICE BOX)	PALM BAY, FL 32909
registered agent and/or the new registered office address	
Name of New Registered Agent:	ORIE SHORKAN
New Registered Office Address:	as frome Care Ire 3924 Boynton black Blvd Jen
boy	as Home. Come Ire 3925 Boynton black Blvd Ieli Enter Florida street address pfon Black Florida 33436 City Zip Code

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: .] Note: She is the only owner, MGR = Manager AMBR = Authorized Member **Type of Action** Name **Address** Title Title _□ Add □ Remove _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add DE Change Remove □ Change □ Add ☐ Remove

☐ Change

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ote: If the ocument's erecord		signature of a member of ANE CL		oresentative of a me	nber	SLUNG ARY TALLAHASSIT	2015 DEQ 2

Page 3 of 3

Filing Fee: \$25.00