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· (Re	equestor's Name)	
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COVER LETTER

Divi	ision of Corpo	rations		
SUBJECT:	Anne Andrew	, LLC		
		Name of Limit	ted Liability Company	
The enclosed	Articles of Ar	nendment and fec(s) are subn	nitted for filing.	
Please return	all correspond	ence concerning this matter to	o the following:	
		Mark Peoples		
			Name of Person	
			Firm/Company	
		16343 Meredrew Lane		
			Address	
		Clermont, Fl 34711		
			City/State and Zip Code	· · ·
		Mark@impressorlando.com		
		E-mail address: (to	be used for future annual report notific	ation)
For further in	formation con-	cerning this matter, please cal	II:	
Mark Peeple			407 448-0511 at ()	Felephone Number
	Name of P	erson	Area Code Daytime	Telephone Number
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 enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

7

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

Anne Andrew, 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 March 9, 2016 and assigned Florida document number _____L16000049185 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 abbreviation "LLC." 16343 Meredrew Lane Enter new principal offices address, if applicable: Clermont, FL 34711 (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.

If Changing Registered Agent, Signature of New Registered Agent

, Florida

Zip Code

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	Jennifer Peeples	16343 Meredrew Lane	= Add		
		Clermont, FI 34711	□ Remove		
			☐ Change		
			□ Remove		
			☐ Change		
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee