

7/6/2016

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ANTHONY GRANDS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANTHONY GRANDS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

guilbertsalmon@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Imelda Vasquez

800

773-0888 ext. 9724

at () Area Code

Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

☐ \$25.00 Filing 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:
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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ANTHONY GRANDS 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 03/25/2016 and assigned
Florida document number L16000060661

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2919 63RD ST. W

(Principal office address MUST BE A STREET ADDRESS)

LEHIGH ACRES, FL 33971

Enter new mailing address, if applicable:

2919 63RD ST. W

(Mailing address MAY BE A POST OFFICE BOX)

LEHIGH ACRES, FL 33971

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:

2919 63RD ST. W

Enter Florida street address

LEHIGH ACRES

City

Florida

Zip Code

33971

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
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_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article IV. Please update address for all AMBRs Salmon Guilbert, Rosalie Mulligan,

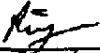
Doan Salmon, Nicolas Porter, Stacy Salmon, and Alexander Mulligan to:

2919 63RD ST. W, LEHIGH ACRES, FL 33971

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 27th June 2016



Signature of a member or authorized representative of a member

Rosalie Mulligan

Typed or printed name of signer

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Filing Fee: \$25.00

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