

L16000077085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

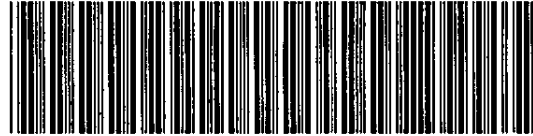
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form - Amend.

Office Use Only



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05/16/16--01026--003 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUN 24 P 4:43

FILED

S Warren
JUN 27 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2016

ANNA ROERTY
12716 IONA ROAD
FORT MYERS, FL 33908

SUBJECT: ANNE L LLC
Ref. Number: L16000077085

We have received your document for ANNE L 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):

We are enclosing the proper form(s) with instructions for your convenience.

To add an Authorized Person to the entity, fill out the enclosed amendment form

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: 616A00012076



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 JUN -6 PM 2:34
TALLAHASSEE, FLORIDA

May 18, 2016

ANNA ROERTY
12716 IONA RD
FORT MYERS, FL 33908

SUBJECT: ANNE L LLC
Ref. Number: L16000077085

We have received your document for ANNE L 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):

No changes are being made.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

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: 716A00010565

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANNE L 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:

ANNA ROERTY
Name of Person

ANNE L LLC
Firm/Company

12716 IONA Rd
Address

FORT MYERS, FL 33908
City/State and Zip Code

ANNA.ROERTY@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANNA ROERTY at (239) 470-3428
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

ANNE 2 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 4/19/16 and assigned Florida document number 216000077085

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 "L.L.C."

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

Florida

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

FILED
JUN 24
4:43
CLERK OF
STATE
TALLAHASSEE
FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

6/23/14

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

ANNA ROERTY

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2018 JUN 24 P 4:43
SECRETARY OF STATE
TREASURY
FLORIDA