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(Re	equestor's Name)	
(Ad	ldress)	
(<u>A</u> d	ldress)	
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(Cit	ty/State/Zip/Phon	se #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		





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JUN 24 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Anewa of Largo !	LC	
Name@i Limit	ted Liability Company	
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning this matter t	to the following:	
Katherine	Name of Person	
	Firm/Company	TALL SEC
P.O. Box 60	4a	
Ellenton.	FC 3432 2 City/State and Zip Code	16 JUN 23 PH 12: 14
Ksmith @ K E-mail address: (1)	atherine Smit	L.COM
For further information concerning this matter, please ca	all:	
Katherine Smith Name of Person	at (941) 952. Area Code Daytime	- 0550 Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\square \text{\$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	STREET/COURING Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anewu of Large (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LI600092194</u> .	were filed on May 11, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
Fine new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C.",
Enter new principal offices address, if applicable:	14141 46h St. N = ===
Principal office address MUST BE A STREET ADDRESS)	Suite 1201 Clearwater, Fl 33762
Enter new mailing address, if applicable:	P.O. Box 642
(Mailing address MAY BE A POST OFFICE BOX)	Ellenton, H. Hodd
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City , Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Add
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(If an effective date is list Note: If the date inse	her than the date of ed, the date must be specif erted in this block does date on the Departmen	fic and cannot be po not meet the app	olicable statutory	or more than 90 days	optional) after filing.) Pursuant to this date will not be	o 605.0207 (3 e listed as th
he record specifie The 90th day at	es a delayed effecti fter the record is fi	ve date, but led.	not an effecti	ve time, at 12:0	01 a.m. on the e	arlier of:

Page 3 of 3

Filing Fee: \$25.00