1600/68252

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
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(Business Entity Name)		
(Document Number)		
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09/29/16--01017--008 **25.00

OCT 1 7 2016 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2016

DEBRAH HERMAN ANZA PARTNERS LLC 1399 NEW YORK AVENUE NW STE 601 WASHINGTON, DC 20005

SUBJECT: ANZU UPSIE LLC Ref. Number: L16000168252

We have received your document for ANZU UPSIE 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), 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.

Letter Number: 516A00021093

Shelia H Young Regulatory Specialist II

COVER LETTER

	Registration Se Division of Corp					
SUBJEC	Anzu Upsie	LLC				
	<u> </u>	Name of Limited Liability Company				
		Amendment and fee(s) are sub	<u>-</u>			
		Debrah Herman				e-controls.
			Name of Person		16	ALL
		Anzu Partners LLC			SET SET SET SET SET SET SET SET SET SET	AE S
			Firm/Company		29	SST SST
1399 New York Avenue NW, STE 601					7	200
			Address		1:0	
		Washington, DC 20005				230-1 11111
		dahaah @aaaaaaaaa	City/State and Zip Code			
		debrah@anzuparnters.com E-mail address: (to be used for future annual report noti	fication)		
For furth	er information co	oncerning this matter, please c	all:			
Debrah I	Herman		813 917-7733			
	Name of	f Person	at () Area Code Daytim	e Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25.0	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 Stat Certified Copy (additional copy is en	tus &	

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**

Anzu Upsie LLC		
(<u>Name of the Limited Liability</u> (A Florida	Y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Clorida document number L16000168252	ompany were filed on 9/8/16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	abbreviation LLC.
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
s. If amending the registered agent and/or registegistered agent and/or the new registered office addr	•	er the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Haring-Smith, Whitney		□ Add
			Remove
			Change
			Add
		-	□ Remove
			Charge Char
		_	Add Set
			□ Remove COA
		_	Add
			☐ Remove
		<u></u>	Add
			□ Remove
			☐ Change
		_	□ Add
			□ Remove
			Change

	formation, enter change(s) here: (Attach additional sheets, if necessary.)	16 SEP 29 FM 1: 01	SEURETARY-OF STATE : FALLAHASSEE, FLORIDA
Note: If the date inserted in document's effective date of the record specifies a d (b) The 90th day after t	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pure this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records. elayed effective date, but not an effective time, at 12:01 a.m. on	not be listed as in) (Ъ) e

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00