

L17000030742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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D BRUCE
AUG 14 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANNSAN 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:

ANA D SANCHEZ

Name of Person

ANNSAN LLC

Firm/Company

15 S MCKINLEY AVE

Address

ORLANDO, FL 32811

City/State and Zip Code

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

For further information concerning this matter, please call:

ANA D SANCHEZ

Name of Person

787 347-2011
at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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

ANNSAN 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 02/08/2017 and assigned
Florida document number L17000030742.

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:

15 S MCKINLEY AVE

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32811

Enter new mailing address, if applicable:

15 S MCKINLEY AVE

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32811

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Item	Quantity	Unit	Price	Total	Action
1	1	kg	10.00	10.00	<input type="checkbox"/> Add
2	1	kg	10.00	10.00	<input type="checkbox"/> Remove
3	1	kg	10.00	10.00	<input type="checkbox"/> Change
4	1	kg	10.00	10.00	<input type="checkbox"/> Add
5	1	kg	10.00	10.00	<input type="checkbox"/> Remove
6	1	kg	10.00	10.00	<input type="checkbox"/> Change
7	1	kg	10.00	10.00	<input type="checkbox"/> Add
8	1	kg	10.00	10.00	<input type="checkbox"/> Remove
9	1	kg	10.00	10.00	<input type="checkbox"/> Change
10	1	kg	10.00	10.00	<input type="checkbox"/> Add
11	1	kg	10.00	10.00	<input type="checkbox"/> Remove
12	1	kg	10.00	10.00	<input type="checkbox"/> Change
13	1	kg	10.00	10.00	<input type="checkbox"/> Add
14	1	kg	10.00	10.00	<input type="checkbox"/> Remove
15	1	kg	10.00	10.00	<input type="checkbox"/> Change

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EASTON MD

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07/01/2021

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JULY 22 2021

Signature of a member or authorized representative

MARTA FERNANDEZ

Typed or printed name of signee

Filing Fee: \$25.00