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(Requestor's Name)	
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OIVISION OF CORFORATIONS

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## **COVER LETTER**

fO:		stration Section of Corpe				
			ERTIES LLC			
SUBJEC	1: _		Name of Limit	ed Liability Company		
			mendment and fee(s) are subm			
Please re	etum a	all correspond	lence concerning this matter t	o the following:		
			Jordan Gary			
				Name of Person		
				Firm/Company		
			6214 E 113th Ave			
				Address		
			Temple Terrace, FL 33617			
			anmiproperties@gmail.com	City/State and Zip Code		
			E-mail address: (t	o be used for future annual report	notification)	
For furt	her in	formation cor	ncerning this matter, please ca	M:		
lordan	Gary	•		305 9053375		
	_	Name of	Person	at ()	time Telephone Number	_
Enclose	d is a	check for the	following amount:			
富 \$25	.00 Fi	ling Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing For Certificate of Society Certified Copy (additional copy is	Status &

MAILING ADDRESS:

TO:

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

ANMI PROPERTIES LLC		
( <u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/13/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" of	or the abbreviation L.L.
Enter new principal offices address, if applicable:		T Sign of T
(Principal office address MUST BE A STREET ADDR)	ESS)	9 3 T
Enter new mailing address, if applicable:		TOF COMPONITIONS
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office addr		enter the name of the new
Name of New Registered Agent:	· · -	
New Registered Office Address:	Enter Florida street address	<del></del>
	Lines Ciorna su eei dad ess	
	, Flor	rida Zip Code
New Registered Agent's Signature, if changing Registered	LAgent:	·

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jordan Gary	6214 ETTTH AVE	■ Add
		TEMPLE TERRACE, FL 33617	☐ Remove
			Change
MGR	TERRY FIRMANI	2600 S KANNER HWY	
	·	STUART, FL 34994	■ Remove
			Thanks T
			TILE Change Chan
			□ Add
			☐ Remove
			☐ Change
	·		Remove
			Change
····			Add
			□ Remove
			Change

D. If amending any other inform	ation, enter change(s) here: (Attach additional sheets, if i	necessary.)
<del></del>		
·		
		FILE WILL 24 17 JUL 17 AM 11: 24 DIVISION OF COM C. F. HORS
		or calci outilion
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the I	e date of filing:	ptional) ther filing.) Pursuant to 605 0207 (3 kb)
If the record specifies a delaye (b) The 90th day after the re	d effective date, but not an effective time, at 12:0 cord is filed.	1 a.m. on the earlier of:
Dated	2017	
Levy Fa	Antiani Signature of a member or authorized representative of a member	<del></del>
Terry Firmani		
	Typed or printed name of signee	

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Filing Fee: \$25.00