117000050420

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(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	CARLOS A. MACCHI				
		Name of Person			
	WEALTH PROJECTS				
		Firm/Company			
	P. O. BOX 161976				
		Address			
	MIAMI, Fl. 33116-1976				
		City/State and Zip Code			
	macchiins@bellsouth.net	to be used for future annual report notific			
		·	auon)		
For further information c	oncerning this matter, please c	all:			
carlos a. macchi 305 967-0471					
Name of	f Person	at () Area Code Daytime '	Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 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 Status & Certified Copy (additional copy is enclosed		
Mailing Addres		Street Address:			
Registration Section		Registration Section			
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee			
Tallahassee, l		2415 N. Monroe			
			Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANTHONY'S SERVICES 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 L Florida document number L17000050420	iability Company	were filed on <u>03/03/20</u>	and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		PENINSULA I		
(Principal office address MUST BE A STREE		3201 NW 183 STREET APT 2303		
		AVENTURA, FL 33160-2896		
Enter new mailing address, if applicable:		PENINSULA I		
(Mailing address MAY BE A POST OFFICE	BOX)	3201 NE 183 STREET APT 2303		
<u> </u>		AVENTURA, FL 3310	50-2896	
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	registered office as here: ANTHONY FU		, enter the name of the new registered	
New Registered Office Address:	3201 NE 183 S	TREET APT 2303		
	Enter Florida street address			
	AVENTURA		, Florida 33160-2896	
Non-Basistand America St. 11 15 15 15 15		City	Zip Code	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registere provisions of all statutes relative to the prope accept the obligations of my position as registeing filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this	d agent and agreer and complete stered agent as preeying the properties of the complete agent as preeyistered office	performance of my du provided for in Chapte	ties, and I am familiar with and r 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:

MGR = Manager AMBR = Authorized Member

AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address 21 AUG - 2 PH 2: 29 3201 NE 183 STREET APT 2303	Type of Action	
MGR	RICHARD FURNARI	3201 NE 183 STREET APT 2303	🗆 Add	
		AVENTURA, FL 33160-2896	□Remove	
			□Change	
MGR	MICHELLE C FURNARI	3201 NW 183 STREET APT 2303	≣ Add	
		AVENTURA, FL 33160-2896	□Remove	
			□Change	
MGR	ANTHONY FURNARI	3201 NE 183 STREET APT 2303	□ Add	
		AVENTURA, FL 33160-2896	□Remove	
			Change	
	-		□Add	
			□Remove	
			□Change	
			□ Add	
			□Remove	
			□Change	
			□Add	
			□Remove	
			□Change	

ANTHONY FURNARI, MANAGER MEMBER (90 % OWNER)	
MICHELLE C. FURNARI, MANAGER MEMBER (5 % OWNER)	
RICHARD FURNARI, MANAGER MEMBER (5 % OWNER)	ET NOC 2 11 L
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	-
ctive date, if other than the date of filing: Heetive date is listed, the date must be specific and cannot be prior to date of filing or more	(optional)
1 If the date inserted in this block does not meet the applicable statutory filing in	equirements, this date will not be listed a
ment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the multiple College The College College
filed.	the earther of: (b) The 90th day after th
II II V 23	
d JULY 23 2021	
ζω ¹ ,	
Signature of a member or authorized representative of	

Typed or printed name of signee