

L17000063118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

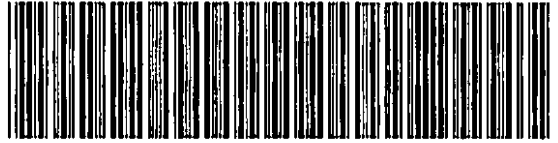
(Business Entity Name)

(Document Number)

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11/07/22--01027--024 **30.00

2022 NOV -7 AM 6:42

PICK-UP

DATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Analla Fitco, 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:

Phillind K Harrison
Name of Person
Analla Fitco, LLC
Firm/Company
7901 4TH St. N Ste. 300
Address
St. Petersburg, FL 33702
City/State and Zip Code
motivated2doit@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phillind K Harrison 352 321-7652
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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 6122

Street Address:
Registration Section
Division of Corporations
The Center of Tallahassee

11:00

2022 NOV -7 AM 6:42

11:31

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

2022 JUL -5 AM 9:30

Analla Fiteo, 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 March 20, 2017 and assigned
Florida document number LI7000063118.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Phillind K Harrison

New Registered Office Address:

7901 4TH St. N Ste 300

Enter Florida street address

St. Petersburg

Florida

33702

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 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>	<u>Type of Action</u>
<u>MGR</u>	<u>Adrienne D. Williams</u>	<u>1003 Sumter St.</u>	<input type="checkbox"/> Add
		<u>Leesburg, FL 34748</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Phillip K. Harrison</u>	<u>7901 4th Street N</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 300</u>	<input type="checkbox"/> Remove
		<u>St. Petersburg, FL 33702</u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

New EIN: 88-1735013

E. Effective date, if other than the date of filing: July 1, 2022 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 1, 2022.

Philip H. Harnan