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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #	·)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
		

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SECRETARY OF STATE
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ORPORATIONS
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

ANTHEMI SUBJECT:	ION 3 LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Julia Pagio		
		Name of Person	
	Anthemion LLC		
		Firm/Company	
	164 Governors Road		
		Address	
	Ponte Vedra Beach, FL 32	2082	
	<u> </u>	City/State and Zip Code	
	jpagio@anthemion.us	to be used for future annual report noti	Carrier .
For further information c	concerning this matter, please c	·	neation)
Julia Pagio		410 940-8620	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Address		Street Address:	etion
Registration : Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Δ N/T I/I	EMION	3110	•
2313 I I I I	1.171114717	., r.r.r	,

company has been notified in writing of this change.

(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 $\frac{03/24/2017}{1}$ _____ and assigned Florida document number $\frac{1.17000067547}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ANTHEMION LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 164 Governors Road Enter new principal offices address, if applicable: Ponte Vedra Beach, FL 32082 (Principal office address MUST BE A STREET ADDRESS) 164 Governors Road Enter new mailing address, if applicable: Ponte Vedra Beach, FL 32082 (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: New Registered Office Address: Enter Florida street address Cin 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

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>	Address	Type of Action
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:
the recorecord is fi	d 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 led.
Dated	April 19 2022
Dated	

Typed or printed name of signce