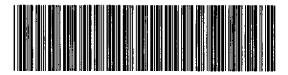
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SECRETARY OF STATE
TALLAHASSEE, FLORID.

**S Warren** APR 1 7 2017

## COVER LETTER \*

TO:	Registration Se Division of Co			
OLIDAD.		NMI EXPORT & EXPORT LL	С	
SUBJEC	JT:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	·	
		JEAN R HERARD		
			Name of Person	
		ANTI-ZANMI EXPORT &	& EXPORT LLC	
			Firm/Company	
		8540 NW 54TH ST		
			Address	
		LAUDERHILL, FL 3335	1	
		HERARD@YAHOO.COM	City/State and Zip Code	
		E-mail address; (	to be used for future annual report notif	lication)
For furth	er information c	oncerning this matter, please ca	all:	
JEAN R	HERARD		954 638-3795	
***************************************	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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:

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

ANTI-ZANMI EXPORT & EXPO	RT LLC		
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears of d Liability Company)	our records.)
The Articles of Organization for this Limited I	Liability Compan	y were filed on	/2017 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited lia	bility company here:	
ANTI-ZANMI EXPORT & IMPORT LLC			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of			ur records, enter the name of the i
Name of New Registered Agent:	N/A		
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 missiocument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited habit company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered

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 = M AMBR = A	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
	N/A		□ Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			□ Change
			□ Add
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reco The 9	rd specifies a delay 0th day after the r	ed effective of ecord is filed.	late, but not	an effective ti	me, at 12:01	a.m. on th	ne earlie	er of:
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nted	Jean	P. Her	ard			AH.		71
ated	JEAN R HERARD	P. Hen	A Commember or authori	zed representative o	of a member	AHASSEE	APR IL PH	FILE

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