

L17000135333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

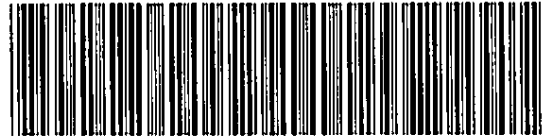
(Business Entity Name)

(Document Number)

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FALLS CHURCH, VA

D SCOTT
AUG 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANACONDA 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:

DARWIN PADRON

Name of Person

ANACONDA LLC

Firm/Company

9725 NW 117TH AVE SUITE 125

Address

MIAMI, FL 33178

City/State and Zip Code

BUSINESSACCTPROF@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARWIN PADRON

Name of Person

786 953-7449
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the 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:
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

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MAR 24 PM 10:55
17

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

ANACONDA 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 June 21, 2017 and assigned
Florida document number L17000135333.

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:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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, 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>
MGR	ANA M GUTIERREZ	9725 NW 117TH AVE	<input checked="" type="checkbox"/> Add
		SUITE 125	<input type="checkbox"/> Remove
		MIAMI, FL. 33178	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(g.) Pursuant to 605.0207
it will not be listed as

FILLED
MAY 24 1968

(b) The 90th day after the record is filed.

2018

[Signature]

Signature of a member for authority

DARWIN PADRON

Filing Fee: \$25.00