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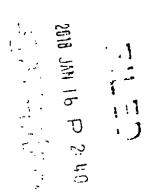


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COVER LETTER

Division of Co		,	
)BJECT:	Ana Newm Name of Lim	an LLC ited Liability Company	
ie enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
ease return all corresp	oondence concerning this matter	to the following:	
	A	Name of Person	
		Firm/Company	
	1305(Iniv. Drive Ste	<u>C</u> <u>E</u>
	Plo	City/State and Zip Code	33324
	E-mail address: (Devez 012 00	imail.com
or further information	concerning this matter, please co	all:	5 5
Ana Name	of Person	at (<u>954</u>) <u>– 55</u> Area Code Daytim	9-0809 e Telephone Number
nelosed 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)
Regis Divis	LING ADDRESS: stration Section ion of Corporations Box 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	on

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ana Na	ewman	LLC	
(Name of the Limited Liability Comp: (A Florida Limited	any as it now app Liability Compan	p <mark>ears on our record</mark> ny)	<u>(s.</u>)
Articles of Organization for this Limited Liability Company rida document number	were filed on	JULY 18,	2017 and assigned
s amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	oility company	<u> here</u> :	
Alabaster Center LLC new name musi be distinguishable and contain the words "Limited Liabi	۔۔		
new name must be distinguishable and contain the words "Limited Liabi	ility Company," th	ne designation "LLC"	" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:			
incipal office address MUST BE A STREET ADDRESS)	 		
ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered o istered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	<u>re</u> :		
•	Enter i	Florida street addres.	3
	Cin	, Flo	orida
v Registered Agent's Signature, if changing Registered Agent:	City		гяр Спае
	_		
reby accept the appointment as registered agent and agrivisions of all statutes relative to the proper and complete ept the obligations of my position as registered agent as ng filed to merely reflect a change in the registered office.	e performance provided for i	of my duties, an in Chapter 605, i	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

npany has been notified in writing of this change.

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

IBR = Authorized Member

<u>le</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Change
			Remove
			Change
			Change Add
			?: ? Ā-Remove
			☐ Change
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			Change
			Add
			Remove
			Change

	
	
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	(optional)
ective date, if other than the date of filing; effective date is listed, the date must be specific and cannot be prior to date of filing e: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	g or more than 90 days after filing.) Pursuant to 605.0207
record specifies a delayed effective date, but not an effectine 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier of:
11th and	
a January 11 2018	
January 11th 2018	

Page 3 of 3

Filing Fee: \$25.00