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Office Use Only



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DIVISION OF COMPUTATIONS

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COVER LETTER

	ion of Corp			
SUBJECT: _	Anauj, LLC			
sobstict: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspor	dence concerning this matter	to the following:	
		Allen H. Kupetz		
			Name of Person	
		Anauj Investment Group, I	LLC	
			Firm/Company	
		2891 Stanfield Ave		
			Address	<u></u>
		Orlando, FL 32814		
			City/State and Zip Code	
		ahk@kpartnerz.com		
		E-mail address: (to be used for future annual report notifi	cation)
For further info	ormation co	neerning this matter, please ea	all:	
Allen Kupetz			407 496-0111	
Name of Person			at () Area Code Daytime	Telephone Number
Enclosed is a c	heck for the	following amount:		
■ \$25.00 Fili	ng 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

Anauj, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on August 7, 2017	and assigned
Florida document number L17000167670		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Anauj Investment Group LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	abbreviation VL.C."
Enter new principal offices address, if applicable:		T T
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		2 2 6
Enter new mailing address, if applicable:		PA 2: 5
(Mailing address MAY BE A POST OFFICE BOX)		*
B. If amending the registered agent and/or register	red office address on our records, ente	er the name of the nev
registered agent and/or the new registered office addres	ss here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City . Plotida _	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			□ A₫d
			Remove
			Change
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ffective date, if other that an effective date is listed, the date is reported in	te must be specific at	nd cannot be prior	to date of filing or r	nore than 90 days af	tional) ter filing.) Pursuant to	605.020
ote: If the date inserted in to be current's effective date on	the Department of	State's records.	able statutory min	ig requirements, t	his date will not be	: listed a
e record specifies a de The 90th day after the	ayed effective e record is filed	date, but no I.	t an effective	time, at 12:01	a.m. on the ea	arlier o
August 10,		7. 2017				
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Filing Fee: \$25.00