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COVER LETTER

	istration Sec ision of Corp			
cubiect.	Anthony Fra	ncis Enterprises, LLC		
Name of Limited Liability Company				
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Anthony Cutaia		
			Name of Person	
		Anthony Francis Enterprise	es, LLC	
			Firm/Company	g: Person I Zip Code Ture annual report notification) 7065128 Code Daytime Telephone Number Iding Fee & Certificate of Status & Certificate of
		2814 Imperial Cir		
			Address	
		Delray Beach, FL 33445		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		anthony.cutaia@gmail.com		
		E-mail address: (t	o be used for future annual report noti	fication)
For further in	nformation co	ncerning this matter, please ca	dl:	
Anthony Cu	taia		561 7065128	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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

Anthony Francis Enterprises, LLC		
(<u>Name of the Limited Liability Co</u> r (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on <u>8/30/2017</u>	and assigned
Florida document number L17000185580		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	lability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	2	T S T
		P M
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		6.9
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str e et address	
	City	Zip Code
New Registered Agent's Signature if changing Registered Age	ent.	

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Anthony Cutaia	2814 Imperial Cir Delray Beach, FI	Add
			■ Remove
			Change
AMBR	Anthony Cutaia	2814 Impierial Cir Delray Beach, F	■ Add
			☐ Remove
			Change
			Add
			Remove SEPRES F. T. Add H. C.
			O Add P
			Change
			Add
			☐ Remove
			
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and block does not n	cannot be prior to neet the applica	o date of filing or ble statutory fili	more than 90 days a	ptional) fter filing.) Pursua this date will no	unt to 605.0207 (3)(of be listed as the
If the record specifies a delayer by The 90th day after the re			an effective	time, at 12:0	1 a.m. on the	e earlier of:
Dated September 12th		2017				
	7	·	_,			
		-				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00