117000215546

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT [MAIL
_	
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	
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04/22/19--01037--017 **25.00



Amend

MAY - 3 2019 I ALBRITTON

COVER LETTER

TO:	Registration Sect Division of Corpo			54
		E ASSOCIATES, LLC		
SUBJE	ECT:	Name of Limit	ted Liability Company	
The en	closed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please	return all correspon-	dence concerning this matter t	o the following:	
		ANN-MARIE BROWN		
			Name of Person	
		ANN-MARIE ASSOCIAT	ES, LLC	
			Firm/Company	
		5701 NW 54TH TERRAC	E	
			Address	
		TAMARAC, FL 33319		
		City/State and Zip Code		
		ANNIEPLUS47@GMAIL.COM		
		E-mail address: (t	to be used for future annual report notifi-	cation)
For fu	rther information co	ncerning this matter, please ca	all:	
ANN	-MARIE BROWN		954 812-0948 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclo	sed is a check for the	e following amount:		
■ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. 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

2019/27 22 PH 4:00 Anna Marie Accordates 110

Alli- Linkin	7/330-1/169/00-	در: "
(Name of the Limit	ed Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
	(A Florida Emitted Elabinity Company)	
the Articles of Organization for this Limited L	iability Company were filed on 1/9.	/2019 and assigned
lorida document number L17000215546		
his amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the v	words "Limited Liability Company." the de	esignation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		
2	POV)	
Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and	l/or registered office address on	our records, enter the name of the
registered agent and/or the new registered o	ffice address here:	
		
Name of New Registered Agent:	ANN-MARIE BROWN	
New Registered Office Address:	4611 S UNIVERSITY DRIVE # 3	222
Hew Registered Office Hadress.	Enter Flor	rida street address
	DAVIE	, Florida 33322
	Cin	Zin 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, 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>	Address	Type of Action
			Remove
			Change
		☐ Remove	
			Change
			□ Add
			□ Remove
			Change
			
		Remove	
		Change	
		□ Remove	
		☐ Change	
			Add
		 	☐ Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an el	ive date, if other than the date of filing: 10/18/2017 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	4/10/19
Daicu	Sporm
	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00