L180000 48936

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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SECRETARY OF STATE

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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

Chris Anusz	œwski LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Christopher Anuszewski			
		Name of Person		
	Chris Anuszewski LLC			
		Firm/Company		
	13103 Lake Live Oak Dr			~2
		Address	300 B	020 (
	Orlando, FL 32828			EC 2
	canuszewski@gmail.com	City/State and Zip Code	^\?\SE	2020 DEC 21 PM 4: 1
	E-mail address: (to be used for future annual repo	rt notification)	÷ = (
For further information c	oncerning this matter, please c	all:	سا ستوب	=
Christopher Anuszewski		407 230-79 at ()	21	
Name o	f Person	Area Code D	aytime Telephone Number	_
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing For Certificate of Signature Copy tadditional copy is	Status &
Mailing Addres		Street Addre		
Registration Section Division of Corporations		Registratio Division of	n Section Corporations	
P.O. Box 632			of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chris Anuszewski LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records Liability Company)	5.)
The Articles of Organization for this Limited Liability Company Florida document number 1.18000048936	were filed on 2/23/2018	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
Ihristopher Anuszewski LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	for the abbreviation "L.L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		2020 DE T
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		C 21 PM 4: 11
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	 _
		orida
	Cuy	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, 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
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			□Remove
			Change
			SRemove Control Con
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s filed.		2020	. •					
			 zed representati	ve of a member				