118000073080

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COVER LETTER

rO: Registration So Division of Con		t			
ANWAY L	ONG GROUP LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ALISON ANWAY				
		Name of Person			
	ANWAY LONG GROUP LLC				
		Firm/Company			
	1962 CHATSWORTH WAY				
	TALLAHASSEE, FL 323	Address 309			
	City/State and Zip Code ALISON.ANWAY@ANWAYPOLICYGROUP.COM				
		to be used for future annual report notif	ication)		
or further information of	concerning this matter, please c	all:			
ALISON ANWAY		202 552-9914 at ()			
Name c	of Person	Area Code Daytime	Telephone Number		
inclosed is a check for t	he following amount:				
Z \$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)		

MAILING ADDRESS:

TO:

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

ANWAY LONG GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	one wars filed on 3/21/18	and assigned	
Florida document number L18000073080	my were fried on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	•		
(Principal office address MUST BE A STREET ADDRESS)		SEL SICIS	
		2 9 5	
		1000 1000 1000	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
registered agent and/or the new registered office address h Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
	Enter Florida street addre	33	
	F	. Florida	
New Registered Agent's Signature, if changing Registered Age	,	Zip Code	
I hereby accept the appointment as registered agent and a			
provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	ete performance of my duties, a is provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is	

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>	<u>Address</u>	Type of Action
MGR	ERIKA LONG	16 S LEXINGTON STREET ARLINGTON, VA 22204	⊟ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change
			Add
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		 	☐ Change
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			Add
			□ Remove
			☐ Change

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	10: 57
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more ote: If the date inserted in this block does not meet the applicable statutory filing resemble to be determined by the date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.02 quirements, this date will not be listed:
e record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier
alison anway Signature of a member or authorized representative of a	
4.	

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Typed or printed name of signee

Filing Fee: \$25.00