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SLORELANT OF STATE
ALL ANASSEE, FLORIDA

T SCHROEDER

## **COVER LETTER**

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TO:	Registration Se Division of Cor						
CHID IT		tment Partners, LLC					
SUBJE	Name of Limited Liability Company						
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	endence concerning this matter	to the following:				
		Angela N. Jula					
		Anjules Holdings, LLC	Name of Person				
			Firm/Company	<u> </u>			
		1343 Main Street Suite	¥306				
			Address				
		Sarasota, FL 34236					
		City/State and Zip Code antjula@gmail.com					
		E-mail address: (	to be used for future annual report no	otification)			
For fur	ther information c	oncerning this matter, please c	all:				
Dougl	as Hauck		941 224-1706				
	Name o	f Person	at () Area Code Dayti	me Telephone Number			
Enclos	ed is a check for th	ne following amount:					
<b>a</b> \$2:	5.00 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)			
	Registr	ING ADDRESS: attion Section on of Corporations	STREET/COUR Registration Sect Division of Corp				

P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on our reconited Liability Company)	ords.)
ipany were filed on May 17, 2018	and assigned
liability company here:	
Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
1343 Main Street Suite 30	)6
Sarasota, FL 34236	<u> </u>
1343 Main Street Suite 30	O6 SEE F
3arasota, FL 34230	9: 3
ed office address on our recor <u>s here</u> :	The second second
Holdings, LLC	
in Street Suite 306	
Enter Florida street add	ress Florida <sup>34236</sup>
1	Liability company here:  Liability Company," the designation "Liability Company," the

## 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>	<u>Address</u>	<b>Type of Action</b>
MGR	Anjules Holdings, LLC	1343 Main Street Suite #306 Sarasota, FL 34236	• Add
			Remove
			☐ Change
MGR	William S. Jula Jr.	439 S. Osprey Avenue Sarasota, FL 34236	□ A <u>dd</u>
			■ Remove
			☐ Change
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			☐ Remove
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	<del></del>		
			☐ Remove
			□ Change

December 12 2018	Please REMOVE William S. Jula Jr. as Registered	Agent and MGR.			
tive date, if other than the date of filing:  (optional)  (ffective date, if other than the date of filing:  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisment's effective date on the Department of State's records.  (Becord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier goth day after the record is filed.	Please ADD Anjules Holdings, LLC as Registered A	Agent and MGR.			
etive date, if other than the date of filing:  (optional)  (flective 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 60 is If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records.  (a)  (optional)  (optional)  (optional)  (a)  (a)  (b)  (b)  (c)  (c)  (c)  (c)  (d)  (d)  (e)  (e)  (optional)  (fletive date on more than 90 days after filing.) Pursuant to 60 is included a statutory filing requirements, this date will not be list ment's effective date on the Department of State's records.	Please CHANGE Principal and Mailing Address TC	1343 Main Street	Suite #306 Saraso	ta, FL 3423	36
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THE STATE OF THE S	ecord specifies a delayed effective date, but n ne 90th day after the record is filed.	ot an effective ti	me, at 12:01 a.r	n. on the	earl
Signature of a member or authorized representative of a member	d December 12 2018				
	Signature of a member or aut	horized representative of	f a member		

Page 3 of 3

Filing Fee: \$25.00