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APR 3 0 2019 T. LEWIEUX

COVER LETTER

SUBJECT: ANLL DEVELOPMENT LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DORIS LATORRE Name of Person
ANLL DEVELOPMENT LLC Firm/Company
11274 SW 189 LANE Address
Mi Ami FL 33157 City/State and Zip Code
TAMARARIVERA OT @ GMAIL, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DORIS LATORRE at (786) 230-5065 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certif

MAILING ADDRESS:

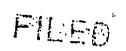
Registration Section Division of Corporations

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



ANLL DEVELO	OPMENT LLC 2919 1/PA 22 P 28 83
(Name of the Limited I (A.)	iability Company as it now appears on our records.) Iorida Limited Liability Company)
	MAVING PARTIE
The Articles of Organization for this Limited Liabi	
Florida document number <u>L 18000132</u>	<u> 769</u> .
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
registered agent and/or the new registered office	address nere.
Name of New Registered Agent:	
ivanie of New Registered Figure.	
New Registered Office Address:	Enter Florida street address
	, Florida
-	, Florida

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>Address</u> **Type of Action** Title **Name** □ Add □ Remove _□ Change _□ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add □ Remove _ Change □ Add ☐ Remove ☐ Change □ Remove ☐ Change

If amending any o	other information, enter change(s) here: (Attach additional sheets, if necessary.)
EINT	± 83-0710595
Doris	LATORRE OWNS 70% EQUITY SHARES
SAMI	ANTHA APONTE OWNS 10% EQUITY SHARES
TAM	ARA RIVERA OWNS 10% EQUITY SHARES
JOR	GE APONTE OWNS 10% EQUITY SHARES
	
If an effective date is li Note: If the date in	optional) isted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (isserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to date on the Department of State's records.
	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: after the record is filed.
Dated	D6 5
	Signature of a member or authorized representative of a member DORIS LATORRE Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00