48000166316

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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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18 SEP 12 AH 7: 30 SECNETARE OF STATE

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COVER LETTER

	tration Section on of Corporations		
SUBJECT: _	ANREX CONST	TRUCTION & IN	IVESTMENT, LLC
The enclosed A	articles of Amendment and fee(s) are sub-	mitted for filing.	
Please return al	I correspondence concerning this matter	to the following:	
	Antonio B	erach Name of Person	
	ANBEX	CONSTRUCTI Firm/Company	ON, LLC
	POBOX	145212 Address	
	antonio @ a	City/State and Zip Code Nrexconstruction to be used for future annual report notific	-5212 com
For further info	ormation concerning this matter, please ca	all:	
A_n	onis Rexack Name of Person	at (787) 436 Area Code Daytime	2409 Telephone Number
Enclosed is a c	heck for the following amount:		,
□ \$25.00 Fili	ng Fee	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, 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 **OF**

Flic
18 SEP 12
SECTION AND TALLAMASSEE, FLORIDA
ALASSEE, FLORIDA

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

(A Florida Limited Liability Company)

(/// 10/102 1/////	naomy company,	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000166316</u> .	were filed on July 10, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ANREX CONSTRUCTIO	N,LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrevi	
Enter new principal offices address, if applicable:	2280 5W 32nd Ave, ap	401
(Principal office address MUST BE A STREET ADDRESS)	Miam: , FL 33145	
Enter new mailing address, if applicable:	POBOX 145212	
(Mailing address MAY BE A POST OFFICE BOX)	POBOX 145212 Cord Gables, FL 331	14-5212
	,	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	, Florida Z	lip Code
New Registered Agent's Signature, if changing Registered Agent:		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I further agree i	
provisions of all statutes relative to the proper and complete	performance of my duties, and I am fami	liar 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 **Type of Action** Title Name Address Antonio Revach Rivera 2280 541 32nd Ave, apt 401 & Add Miam: FL 33145 ☐ Change Antonio RexudiFeliciono 2280 SW 32nd Ave, apt401 10 Add AMBR Miam; FL 33145 ☐ Change □ Add ☐ Remove □ Remove ☐ Change ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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Effective date, if other than the date of filing: 9 18 (optional) (If an effective 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 605.020. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the 90th day after the record is filed.	f:
Dated September 10 . 2018. Signature of a member or authorized representative of a member	
celler!	
Anton io Revach Rivera Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00