Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE ANON GROUP LLC

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COVER LETTER

TO: Registration Sc Division of Cor			
THE ANO	N GROUP LLC		
30BJEC1:	Name of Limi	ied Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Cheyenne Moseley		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		
		City/State and Zip Code	
	kdinkler@icloud.com	o be used for future annual report notific	cation)
For further information (concerning this matter, please or		,
Cheyenne Moseley		800 773-0888	
	of Person	at (Telephone Number
Enclosed is a check for t		■ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional capy is enclosed)
	ING ADDRESS:	STREET/COURIE Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2018 OCT -3 PM 12: 08 SECRETARY OF STATE TALLAHASSEE, FL

THE ANON GROUP LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000251527</u>	were filed on 10/25/2018 and assigned
This amendment is submitted to amend the following:	ilia, aannan, bana
A. If amending name, enter the new name of the limited liab	mry company nere:
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13351 Stoddart Ave.
(Principal office address MUST BE A STREET ADDRESS)	Orlando, Florida 32827
Face and anima address if applicable	13351 Stoddart Ave.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Orlando, Florida 32827
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	Mice address on our records, <u>enter the name of the ne</u> e:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
and the second second second second second second	J.,
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
W.C.S.	nating Registered Agent, Stanguage of New Registered Agent

To: Page 6 of 7

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
AMBR	Karl Dinkler		
			□ Remove
		13351 Stoddan Ave. Orlando, Florida 32827	E Change
			☐ Remove
			Change
			D Add
			Remove
			Change
			D Add
			☐ Remove
			O Add
			C Remove
		-44-	☐ Change
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			Remove
			☐ Change

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Note:	If the date inserted in th	the date of filing: must be specific and cannous block does not meet the Department of State's	ie applicable stat	filing or more than the thing require	(optional) 90 days after filing.) Purs ements, this date will r	uum to 605,0207 (. not be listed #s tl
he rec The	ord specifies a dela 90th day after the	ayed effective date, record is filed.	but not an ef	fective time, a	t 12:01 a.m. on t	he earlier of:
Dated :	09/24/19		·			
	.1.//	50:11				
		- (,	
•		Signature of a member	er or authorized rep	resembnye or a mer	T.DET	

Page 3 of 3

Filing Fee: \$25.00