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COVER LETTER

TO:

	Registration Sec Division of Corp			
	ANHAL LL			
SUBJEC	CT:		ited Liability Company	
The encl	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		BETTY BLANCO, ESQU	IRE	
			Name of Person	
		BETTY BLANCO, PA		
			Firm/Company	<u> </u>
		2103 CORAL WAY, SUIT	TE 815	
			Address	<u> </u>
		MIAMI, FLORIDA 33145		
		BBLANCOLAW@AOL.Co	City/State and Zip Code OM	
		E-mail address: (to be used for future annual report no	dification)
For furtl	her information c	oncerning this matter, please ca	all:	
BETTY	BLANCO, ESQ	UIRE	305 856-3100	
	Name o	f Person	at () Area Code Daytir	me Telephone Number
Enclosed	d is a check for th	ne following amount:		
Å \$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)
•	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COUR Registration Section Division of Corporation Building 2661 Executive Control Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANHAL LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000275540	were filed on 11/29/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1600 NE 1st Avenue, Unit 4	5. 60 =
(Principal office address MUST BE A STREET ADDRESS)	Miami, Florida 33132	
(Trincipal byfice address prost in the street,		
Enter new mailing address, if applicable:	1600 NE 1st Avenue, Unit 4	
(Mailing address MAY BE A POST OFFICE BOX)	Miami Elorida 33132	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	office address on our records, energy	nter the name of the
	, Floric	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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 adour removed from our records:

MGR = Manager AMBR = Authorized Member

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

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Note:	(optional) ective date, if other than the date of filing: certive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tent's effective date on the Department of State's records.
If the red (b) The	cord specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlies 90 th day after the record is filed.
	June 17
Dated	

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Filing Fee: \$25.00