12/27/2024 05:47:17 PST

To: 18506176383

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	REGISTERED AGENTS	INC.
Account Number	:	120090000081	
Phone	:	(307)200-2803	
Fax Number	:	(813)436-5206	

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANARCHAPULCO LLC





2

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

To: 18506176383

Anarchapulco LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our i Jability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000168680</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Labit	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	······································
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		_ *
	···· · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, g	inter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street e	
	Cav	_, Florida Zip Code
	S 11.1	••••

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.

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Fax: 8134365206

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

Title	Name	Address	Type of Action
MGR		7901 4TH ST N STE 300	🖸 Add
		ST. PETERSBURG, FL 33702	ZRemove
			[]Change
MGR	MORENO LOPEZ, KENA LISETTE	7901 4TH ST N STE 300	ƏAdd
		ST. PETERSBURG, FL 33702	2 Remove
			Change
MGR	Bleish, Catherine Elizabeth	3833 POWERLINE ROAD SUITE 201	ZI∧dd
		FORT LAUDERDALE. FL 33309	🗆 Remove
			Fi("hange
	·····		🗔 Add
			□Change
			□Add
			URemove
			🗆 Change
		<u></u>	CIAdd
			□Remove

## D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(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 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 27	2024	
	Signature of a member or authorized representative of a member	
Nat Smith		
	typed or printed name of signee	,