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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

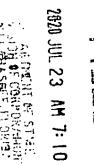
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SEP 11 2020 S. YOUNG

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE		UP & TRUST LLC		
SOBJE	C1	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		ALFREDO RODRIGUEZ	FONSECA	
			Name of Person	
		ANR GROUP & TRUST I	LLC	
		<del> </del>	Firm/Company	
		3750 GUNN HWY SUITE	309	
			Address	
		TAMPA FL 33618		
			City/State and Zip Code	
		ALFRE2002R@YAHOO.C		
For furth	ner information co	e-mail address: (	to be used for future annual report not all;	tilication)
	DO RODRIGUE		502 744-6890 at ( )	
	Name of	f Person		ne Telephone Number
Enclosed	d is a check for th	ne following amount:		
<b>■</b> \$25.	.00 Filing Fee	S30.00 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)
	Mailing Addres Registration S	<del>_</del>	Street Address: Registration Se	ection
	Division of C	orporations	Division of Co	
	P.O. Box 632		The Centre of	
	Tallahassee, F	- にっとう14	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANR GROUP & TRUST LLC (Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on  $\frac{07/15/2019}{1}$ Florida document number  $\underline{L19000180712}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: ALFREDO RODRIGUEZ FONSECA Name of New Registered Agent: 3750 GUNN HWY SUITE 309 New Registered Office Address: Enter Florida street address

## 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.

Cirv

TAMPA

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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NATALIA TARAZONA RODRIG	832 CHRISTINA CIR OLDSMAR FL 34677	\overline Add
			□Remove
			□Change
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