119000208258

(Re	questor's Name)	
(Ad	dress)	
(Ad-	dress)	
(Cit	y/State/Zip/Phone	e #)
_		_
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Carai-H-ahusakih-		
Special Instructions to	Filing Officer:	

-ausel



800384499328

04/05/22--01000--027 ++80.00

Office Use Only

CF LEIHLAUZZ

COVER LETTER

TO:

	Registration Sec Division of Corp			
eubie/		AL AND BUSINESS SERVI	CES, LLC.	
SU BJE(CT:	Name of Limi	ited Liability Company	
The encl	osed Anicles of A	amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspon	dence concerning this matter	to the following:	
		ANTONIO SANCHEZ		
		·	Name of Person	
			Firm/Company	·
		3310 BERMUDA ISLE CI	IR. APT 212	
			Address	
		NAPLES, FL. 34109.		
			City/State and Zip Code	
			ESSSERVICESLLC@HOTMAIL.C to be used for future annual report notific	
For furth	er information co	ncerning this matter, please ca		
ANTON	IIO SANCHEZ		239 3160060 at ()	
_	Name of	Person	Area Code Daytime T	'elephone Number
Enclosed	l is a check for the	e following amount:		
□ \$ 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)
	Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporate Centre of Tal 2415 N. Monroe Tallahassee, FL 3	orations Ilahassee Street, Suite 810

RECEIVED

2022 JUH 14 AM 11: 32

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 20, 2022

ANTONIO SANCHEZ 3310 BERMUDA ISLE CIRCLE **APT 212** NAPLES, FL 34109

SUBJECT: ANSA LEGAL AND BUSINESS SERVICES, LLC

Ref. Number: L19000208258

We have received your document for ANSA LEGAL AND BUSINESS SERVICES, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

The person executing the document must state beneath or opposite his or her signature his or her capacity, such as trustee, receiver, personal representative, court appointed fiduciary, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 322A00009232

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

ANSA LEGAL AND BUSINESS SERVICES, LLC.

2022 JUN 14 PH 3: 42

(A Florid	da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on Aug 15, 201	9 and assigned
Florida document number L19000208258		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
ANSA BUSINESS SERVICES LLC		
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	-	nter the name of the new registered
Name of New Registered Agent:	.	
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	City	Zip Code

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.

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 adde or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			☐ Change
		 	□Add
			□Remove
			□Add
			□ Remove
			□Change
			□Add
			□ Reтюve
			□Change
	<u>.</u> .		
		 	□Remove
		······	□ Change

								_
								_
								<u>-</u>
			-					_
					·			-
								_
							****	_
			-			-		<u> </u>
								_
								_
								
								_
								_
		<u> </u>				<u></u>		_
te: If the date	f other than t s listed, the date i inserted in this tive date on the	block does no	t meet the app	dicable statutor	ng or more than y filing requir	(option 90 days after fil ements, this d	al) ing.) Pursuant to 6 ate will not be l	05.0207 isted as
cord specifies s filed.	a delayed effec	rtive date, but r	юt an effective	e time, at 12:0:	a.m. on the e	artier of: (b)	The 90th day at	fter the
MARCH.	10		2022					
		Signature of	a member or at	uthorized repress	ntative of a mer	nber		