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SELRETARY OF STATE
HISTORY OF CORPORATION
OF CORPORATION

Name Change

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COVER LETTER .

TO: Registration Se Division of Co		,				
A&N Finan	ncial LLC					
		_				
	Vladimir Lopez					
		Name of Person		-		
	A&N Financial LLC					
		Firm/Company		•		
	15031 E. Waterford Drive					
		Address				
	Davie, FL 33331					
	val.lopez@live.com	City/State and Zip Code		- *	20	
	E-mail address: (to be used for future annual re	eport notification)		7.7× . <) - 크리
For further information of	concerning this matter, please c	ali:				
Vladimir Lopez		954 663- at()	-1648		P	- 유유 - 유유 - 유유
Name o	of Person	Area Code	Daytime Telephone Number		2:5!	ARY OF STATE F CUMPORATIONS
Enclosed is a check for t	he following amount:					Ī
≅ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certifica osed) Certified	te of Status &		

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&N Financial LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 11/13/2019	and assigned
Florida document number L19000282795	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
A&N Property Group, LLC		
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	2FSS)	20
Trincipal office dualess Most BE A STREET ABOUT		A
		2 S
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		4 2: 5
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	Cıţı.	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 added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Dbdd
			□Remove
			□ Add
			□Remove
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(If an eff Note:	tive date, if other than the officetive date is listed, the date must. If the date inserted in this bloment's effective date on the Depart.	be specific and cannot be prior ck does not meet the applic	able statutory filing a	(optional) than 90 days after filing.) Pursuan requirements, this date will not	nt to 605.0207 (3 be listed as th
	cord specifies a delayed 90th day after the reco		et an effective tin	ne, at 12:01 a.m. on the	earlier of:
Dated	May 12	2020			
			-		
		ignature of a member or author	orized representative of	a member	_
			•		
	Vladimir Lopez				