

10/8/23, 9:10

Division of Corporations

L200002144

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : DAVID NOHRA ZAKIA
Account Number : I20220000125
Phone : (239)494-0057
Fax Number : (239)913-6599

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

Email Address: twoficinaensa@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ANEST 2020 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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2023 AUG 10 AM 11:33

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

T. LEIMON

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Corporate Filing Menu

AUG 11 2023
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DocuSign Envelope ID: 3483E7F1-D6C9-484C-908B-329749681864

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: ANEST 2020 LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PABLO E MEDINA

Name of Person

ANEST 2020 LLC

Firm/Company

789 LAVENDER CIRCLE

Address

WESTON FLORIDA ZIP CODE 33327

City/State and Zip Code

tuoficinaenusa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID NOHRA ZAKIA

239 4940057
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

ANEST 2020 LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/24/2020 and assigned Florida document number 1.20000022144.

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:

Name of New Registered Agent:

TU OFICINA EN USA LLC

New Registered Office Address:

28715 ALESSANDRIA CIRCLE

Enter Florida street address

BONITA SPRINGS

City

Florida 34135

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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MEDINA, PABLO E	789 LAVENDER CIRCLE WESTON, FL 33327	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SAAD, ALDO	789 LAVENDER CIRCLE WESTON, FL 33327	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MIRANDA, LARISSA A	789 LAVENDER CIRCLE WESTON, FL 33327	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NOHRA ZAKIA DAVID	8005 NW 104TH AVE APT 24	<input checked="" type="checkbox"/> Add
		DORAL, FLORIDA, ZIP CODE 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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: 08/08/2023 (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 AUGUST 08

2023

- DocuSigned by:

-DocuSigned by:

- DocuSigned by:

DocuSigned by:
 Sig
 8984FF3F380A4C0

Signature of a member or authorized representative of a member

~~A0027.D3395B34F5...~~

MEDINA PABLO

SAAD ALDO

MIRANDA, LARISSA A

Typed or printed name of signee

Filing Fee: \$25.00