Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086 Phone : (916)576-7000 Fax Number : (800)603-5868

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

RLOPS@PARASEC.COM Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANYTIMETRUST, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176383 From: 19165767036 Date: 12/07/21 Time: 6:46 AM Page: 02/04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANYTIMETRUST LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
e Articles of Organization for this Limited Liability Com-	apany were filed on05/08/2020 and assigned
orida document number <u>L20000125359</u>	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited	I liability company here:
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.1C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRES	<u>(S)</u>
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our records, enter the name of the new reg
	2021 ALL
Name of New Registered Agent:	
New Registered Office Address:	S: 1 - 1
	Enter Florida street address
	Florida 🤭 🍱
D. L. J. D. C. L. Life has been been been also	<u> 고</u> 프
ew Registered Agent's Signature, if changing Registered A	d corea to act in this capacity. I further agree to comply w

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.

To: 18506176383 From: 19165767036 Date: 12/07/21 Time: 6:46 AM Page: 03/04

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
AMBR	Maikel Pupo Milan	19878 Montenero Way	
		Venice FL 34293	□Remove
			□Add
			□Remove
			□Change
			□Add
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ote: If	the date inserted in this b	block does not a	meet the appli	icable statu	tory filing r	equirements,	this date wi	Il not be l	listed a
ocument	t's effective date on the I	Department of :	State's record	S.					
	pecifies a delayed effecti	ve date, but no	t an effective	time, at 12	:01 a.m. on	the earlier of	(b) The 9	Oth day a	ifter the
l is filed									
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ated		Maikel Pur Signature of a	po Milan member or aut		esentative of	a member	AHASS	2021 DEC 7	FILED

Filing Fee: \$25.00