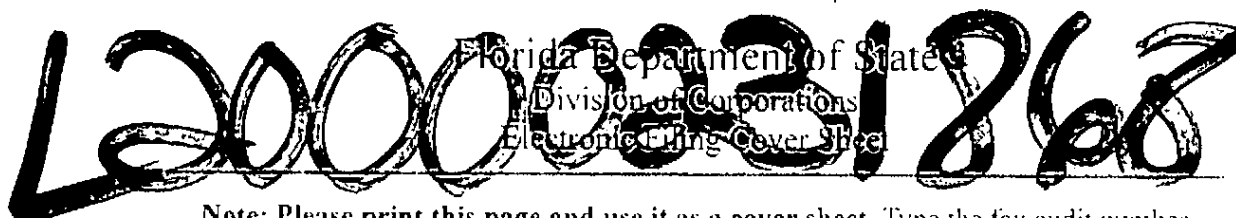


9/22/21, 10:31 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305)541-3980
Fax Number : (786)713-1940

21 SEP 22 PM 2:25

FILED

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ANABLEY, LLC**

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

2021 SEP 22 PM 12:40

FLORIDA
TALLAHASSEE

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANABLEY, 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 08/03/2020 and assigned
Florida document number L20000231868.

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**)

5537 SHELDON ROAD, STE E

TAMPA, FL 33615

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

5537 SHELDON ROAD, STE E

TAMPA, FL 33615

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:

VALLINA AND DAUGHTERS LLC

New Registered Office Address:

5537 SHELDON ROAD, STE E

Enter Florida street address

TAMPA

Florida

33615

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.

MAKELA VALERIE VALERIO

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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIA V VALLINA	5537 SHELDON ROAD, STE E	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MAZZOLA, BRUNO	5537 SHELDON ROAD, STE E	<input type="checkbox"/> Add
		TAMPA, FL 33615	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	SANMAMED, VERONICA	5537 SHELDON ROAD, STE E	<input type="checkbox"/> Add
		TAMPA, FL 33615	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MAZZOLA, BRUNO	AGUSTIN EREZCANO 960	<input type="checkbox"/> Add
		ADROGUE, PCIA BUENOS AIRES, BA 1846 AR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SANMAMED, VERONICA	AGUSTIN EREZCANO 960	<input type="checkbox"/> Add
		ADROGUE, PCIA BUENOS AIRES, BA 1846 AR	<input checked="" 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.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (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 SEPTEMBER 20TH, 2021
BRUNO MAZZINO

Signature of a member or authorized representative of a member

BRUNO MAZZOLA
Typed or printed name of signee

Typed or printed name of signee

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