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TO: Registration S Division of Co		• •	
Annie ME	EH LLC	•	
	Name of Lin	ited Liability Company	
	Carmelo Chimera		
		Name of Person	
	Bastille Legal Group, LLC		
		Firm/Company	····
	939 W. Washington Blvd.	, Suite U1415	
		Address	
	Chicago, IL 60607		
	michelle@bastillelegal.com	City/State and Zip Code	
	-		fication)
For further information	concerning this matter, please c	all:	
Carmelo Chimera		Address Chicago, IL 60607 City/Ntate and Zip Code michelle@bastillelegal.com E-mail address: (to be used for future annual report notification) Erning this matter, please call: 312 312 315-1999 Daytime Telephone Number	
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Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
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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

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TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Annie MEH LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	<u>)</u>
The Articles of Organization for this Limited Liability Company	y were filed on 08/06/2020	and assigned
Florida document number L20000237598		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		9
		ASS P IN
Enter new mailing address, if applicable:		्ष्या 🕮 📻
Mailing address MAY BE A POST OFFICE BOX)		2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2
		· m · 6
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u> (the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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.

DocuSign Envelope ID: 29F18057-38C4-43D9-90FE-A2D8FFF2015F 11 amenuing Authorized rerson(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	RAYMOND B. MOORE	3202 MEADOWHILL DRIVE	
		MURFREESBORO, TN 37310	■ Remove
			□Change
			□Add
			□Remove
			□Change
			
			Li Remove
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ective date, if other than the date in effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department.	e specific and cannot be prior to a does not meet the applica			ing.) Pursu		
cord specifies a delayed effective described.		ne, at 12:01 a.m. on t	ne earlier of: (b)	The 90th	day after	r the
September 25	2020					
ed September 25 Docusigned by: Lenteisa Hill SOFESSBOCSED1888 Sig	,	_ •				
•			member			

Filing Fee: \$25.00