L20000240679

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JAN 27 2021 I ALBRITTON

- COVER LETTER

Division of Cor	porations		
SUBJECT:'/	ANKA LLC		
,	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	an	a T. Pala Name of Person	
	-	AUKA LLC. Firm/Company	
	13198 51	₩ 1885+-	
		Miami, 71. 331 City/State and Zip Code	7-7
	<u>E-mail yddress:</u>	o 2020 a gmail · C to be used for future amual report not	
For further information c	oncerning this matter, please ca	all:	
Name o	T. Parz	at (<u>786)</u> <u>200</u> - Area Code Daytin	- 8852_ ne Telephone Number
Enclosed is a check for the	ne 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)

TO:

Registration Section

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

ANKA	A LLC.	
(Name of the Limited Liability (A Florida	Company as it now appears on o Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L. 2000024067</u>	ompany were filed on <u>Aug</u> 8	and assigned and assigned
This amendment is submitted to amend the following:		
	hool ILC.	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designa	ntion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
		7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	reet address
		. Florida
	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.

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

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
		 	□Add
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			🗆 Add
			□Remove
			□Change

	<u> </u>
Note:	tive date, if other than the date of filing: 12/07/2020 (optional) Tective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco	rd 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 iled.
Dated	Durmser 6th 2000
	Signature of a member of authorized representative of a member

E:1: E 63.5.00