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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPOTE & CAPOTE, P.A.

Account Number : I19990000052 Phone : (305)374-1555 Fax Number : (305)374-0908

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANACAL LLC

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANACAL LLC				
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appea bility Company)	rs on our records.)	<del></del>	
The Articles of Organization for this Limited Liability Company w Florida document number L20000266268	ere filed on A	ugust 26, 2020	and assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company h	ere:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the	designation "LLC" or the a	bbreviation L.L.C	9899
Enter new principal offices address, if applicable:			C	_
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>
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	<u>-</u>			> [] II ;-
Enter new mailing address, if applicable:			3.1.	<u> </u>
(Mailing address MAY BF, A POST OFFICE BOX)			· 11	Л
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our	records, enter the nan	ne of the new r	egistered
Name of New Registered Agent:				
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·		
	Enter Flo	prida str <b>eet address</b>		
	Circ	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	City		zip code	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance o ovided for in	f my duties, and I am Chapter 605, F.S. Or	familiar with a , if this docume	and

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>	Address	Type of Action
MGR	FRANCES TURNQUEST	P.O. BOX N10051	□ Add
		NASSAU, BAHAMAS, BS 00000 BS	■Remove
			□Change
MGR	Nicolette Pinder	P.O. BOX N10051	\ \exists Add
		NASSAU, BAHAMAS, BS 00000 BS	□Remove
			2022 JUN 13
			□ Remove A
			□Change
			□ Add
			□ Remove
			□ Change
			□ Add
			Remove
			□Change
			DAdd
			□Remove

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D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note:	ive date, if other than the date of filing:	5.0207 (3)(b) ted as the
If the recor	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 led.	er the
Dated	MAY 16 , 2022	
	XIML	
	Signature of a member or authorized representative of a member	
	James Coyle	

Filing Fee: \$25.00

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