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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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45  
11/5/20

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Organized by Anne LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anne R Ruchelsman

Name of Person

Organized by Anne LLC

Firm/Company

1111 E. Sunrise Blvd, Unit 509

Address

Fort Lauderdale, FL 33304

City/State and Zip Code

owner@organizedbyannefl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nathan Gopman

305

794-1068

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**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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**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Anne R Ruchelsman	1111 E. Sunrise Blvd	<input checked="" type="checkbox"/> Add
		Unit 509	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33304	<input type="checkbox"/> Change
MGR	Nathan Gopman	1111 E. Sunrise Blvd	<input type="checkbox"/> Add
		Unit 509	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33304	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE FLORIDA

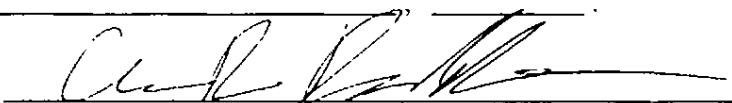
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 23, 2020



Signature of a member or authorized representative of a member

Anne R Ruchelsman

Typed or printed name of signee