From: Marlana zillig 21/07/2021

a Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H21000278305 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLACKLEDGER ENTITY MANAGEMENT LLC

Account Number : 120150000089

Phone : (305)444-8800 Fax Number

: (305)444-4010

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

Email Address: cayon@hcoadvisors.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANASBEL LLC



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

JUL 2 2 2021

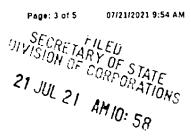
A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

1/1



ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| ANASBEL LLC | | |
|--|--|---|
| (<u>Name of the Limited Limbi</u> (A Floric | lity Company as it now appears on our re da Limited Liability Company) | <u>vords.</u>) |
| the Articles of Organization for this Limited Liability (lorida document number L21000013693 | Company were filed on 01/14/2021 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here; | |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the designation | TTC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | ORESS) | , ,, , , , , , , , , , , , , , , , , , |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BON) | | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent: | : | |
| New Registered Office Address: | <u>-</u> | |
| New Registery Confee Times | Enter Florida street address | |
| | | , Florida |
| | \$1.40 | 71p Cour |
| New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the register company has been notified in writing of this chang | nt and agree to act in this capacity I complete performance of my dutic agent as provided for in Chapter (cred office address. I hereby confir | 605, F.S. Or, if this document is |
| | If Changing Registered Agent, Signa | sture of New Registered Agent |

To:

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 |
|----------------|-----------------------|---|---|
| MGR | PAULO SERONNI CARDOSO | . 9400 W BAY HARBOR DR APT 401BAY HARBO | r □Add |
| | | | = Remove |
| | | | DChange |
| | | | □Add |
| | | | □Remove |
| | | | □Change · |
| | | | DANG DIVISIONS |
| | | | |
| | | | Z DOMEN A |
| • • | | | RY OF STATIONS CORPORATIONS 2 In AM ID: 58 to Commove Commove Commove |
| | | | Remove NS |
| | | | Change |
| | | | □Add |
| | | | []Remove |
| | | | Change |
| | | | DAdd |
| | | | Remove |
| | | | □Change |

To:

| () mueneing any acuer man | mation, enter change(s) here: (Attach additional sheets, if no | occurre, , , |
|--|--|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 27 |
| | | JUL 2 |
| | | 2 |
| | | 7 |
| | | AM 10: 58 |
| | | 10: 58 |
| | | |
| . ffective date, if other than | the date of filing:(or | ptional) |
| If an effective date is listed, the date Note: If the date inserted in th | must be specific and cannot be prior to date of filing or more than 90 days all is block does not meet the applicable statutory filing requirements, t | this date will not be listed as the |
| document's effective date on t | ne Department of State's records | |
| e record specifies a delayed eft rd is filed | ective date, but not an effective time, at 12:01 a.m. on the earlier of, | (b) The 90th day after the |
| Dated | 2021 | |
| Lancu | 1 . QQ: Pa 1 Qa 1 | |
| | Signature of a member or authorized representative of a member | |
| AND THE COURT | ARAES SANTOS CARDOSO - Manager | |
| ANA BIASA GUIA | Typed or printed name of signee | |