

# L21000016437

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

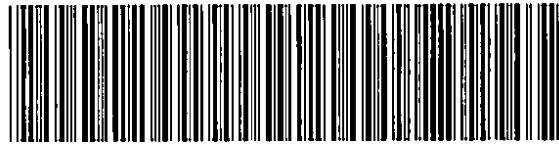
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900388844599

FILED

RECEIVED

2022 NOV 14 AM 11:03

2022 NOV 14 PM 3:23

ALLAHASSEE, FL

ALLAHASSEE, FL

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/14/2022

**\*\*WALK IN\*\***

ENTITY NAME ANZU SPAC MANAGER I LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting:* \_\_\_\_\_

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 25.00

ACCOUNT # 120140000108  
United Corporate  
Services, Inc.

*Keith Heppard*

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Anzu SPAC Manager I 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:

Debrah Herman  
Name of Person  
Anzu Partners, LLC  
Firm/Company  
12610 Race Track Road, Suite 250  
Address  
Tampa, Florida 33626  
City/State and Zip Code  
debrah@anzupartners.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debrah Herman 813 917-7733  
Name of Person at ( ) 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2022 NOV 14 AM 11:03  
SEL. E. H. H. S. S. S.  
TALLAHASSEE, FL

Anzu SPAC Manager I LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 21, 2021 and assigned  
Florida document number 1.21000016437.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Anzu EUR SPV I LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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

**AMBR = Authorized Member**

[illegible]

2022 NOV 14 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED  
2022 NOV 14 AM 11:03  
SEATTLE  
TALLAHASSEE, FL

(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)

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 November 14, 2022

- DocuSigned by:

Debrah Herman

Signature of a member or authorized representative of a member

Debrah Herman

Typed or printed name of signee

**Filing Fee: \$25.00**