# [21000010437

(R	Requestor's Name)	
(A	(ddress)	
Α)	(ddress)	
(0	City/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(В	Susiness Entity Name)	
(C	Ocument Number)	
ea Copies	Certificates	of Status
pal Instructions to Fil	ling Officer:	

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### Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>02/01/2023</u>	_		**WALK IN**
ENTITY NAME Anzu E	EUR SPV I LLC		
DOCUMENT NUMBER			
	**PLEASE FILE TA	HE ATTACHED AND RETURN**	
xxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
•	*PLEASE OBTAIN THE I	FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts		
	Certified Copy of Arts	& Amendments Complete File (Inclading Annual Report	<i>s)</i>
	Certificate of States		
	Certificate of Status Ri	eflecting:	
	**APOSTILLE' / I	NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINAT	TION		
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$ 25		ACCOUNT # 120140000108 United Corporate Services, Inc.  any issues or concerns. Thank you so may	Hepparl
Please call Tina at t	he above number kor c	any issues or concerns. Thank was so mo	uch!

#### DocuSign Envelope ID: 0B758423-5E12-4066-AE7C-61EBEBA0065A COVER LETTER Registration Section TO: **Division of Corporations** Anzu EUR SPV LLLC SUBJECT: \_ 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: 917-7733 Debrah Herman Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, XX \$25.00 Filing Fee ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy

(additional copy is enclosed)

DocuSign Envelope ID:.0B758423-5E12-4066-AE7C-61EBEBA0065A

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anzu EUR S		2023 F	EB -1 AH 11: 02
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears liability Company)	on our records.)	22.02
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	January 21, 2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>·e</u> :	
Anzu Renegac			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de-	signation "LLC" or the abb	reviation "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 agent and/or the new registered office address here:	address on our re	cords, enter the name	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da 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.

DocuSign Envelope ID: 0B758423-5E12-4066-AE7C-61EBEBA0065A 11 amenuing Authorized rerson(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
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			Remove
			□Change
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Remove

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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this bidocument's effective date on the D	e date of filing:
record specifies a delayed effective d is filed.	we date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Pated February 1	2023
	Debrah Herman
	Signature of a member or authorized representative of a member
	Digitality of a figurest of audionized representative of a memori
	Debrah Herman
<u>—</u> ————	Typed or printed name of signee