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(Re	equestor's Name)	· · · ·
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	-
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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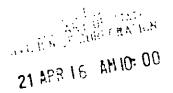
TO:

Registration Section

Division of Cor	porations	•	
Anthony Fe	erriera LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Anthony J Ferriera Jr		
		Name of Person	
	Anthony Ferriera LLC		
		Firm/Company	
	8374 hwy 89		
		Address	
	Milton Florida 32570		
		City/State and Zip Code	
	Tony1972.ferriera@gmail.c	om to be used for future annual report no	
For further information of	concerning this matter, please c		(IIICation)
	oncerning and maker, prease c		
Anthony Ferriera		954 543-3503 at ()	ne Telephone Number
Name o	f Person	Area Code Daytir	me Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Anthony Ferriera LLC		
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil		and assigned
Florida document number L2000026813	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
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	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
		
B. If amending the registered agent and/or regis agent and/or the new registered office address he		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u>-</u>	, Florid	
-	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 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

		. [A];
p. mes	in in	1 4 7 1 1

21 APR 16 AH 10: 00 Type of Action <u>Address</u> **Title** Name Anthony J Ferriera Jr 8374 hwy 89 Milton Florida 32570 MGR ____ DAdd □Remove _____ 🗆 Add □Change □Add □Remove _ □Remove _____ □Change ____ □Add _____ □Remove □Change Remove ____ Change

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tive date, if other than the date of filifective date is listed, the date must be specific a	ind cannot be prior to da	te of filing or more than	(optional) 90 days after filing	.) Pursuant to 60
: If the date inserted in this block does no ment's effective date on the Department o	t meet the applicable f State's records.	statutory filing requi	rements, this date	will not be lis
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ord specifies a delayed effective date, but n	ot an effective time,	at 12:01 a.m. on the	earlier of: (b) T	ne 90th day aft
filed.				
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Filing Fee: \$25.00