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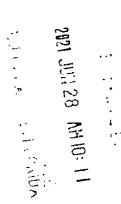
(Rec	questor's Name)	
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Certified Copies	Certificates	of Status
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COVER LETTER

TO:

TO: Registration Se Division of Cor		•	
orimanom Aula Fatan	mmiana I.I.C	→	•
SUBJECT: Anla Enter	Name of Limi	ted 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:	
	Angela Johnson		
		Name of Person	
	Anla Enterprises LLC		
		Firm/Company	
	2676 Southover Drive NE		
		Address	
	Palm Bay, FL 32905		
		City/State and Zip Code	
	angela.johnson913@yahoo. E-mail address: (com to be used for future annual report not:	ification)
For further information of	concerning this matter, please ca	all:	
Kenneth Johnson		at (407) 963-8556	
	of Person		ne Telephone Number
Enclosed is a check for t	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 tadditional copy is enclosed)
Mailing Addre		Street Address:	
Registration		Registration Se	
Division of C P.O. Box 633	•	Division of Co The Centre of	
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anla Enterprises (Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on 02/0)2/2021	and assigned
Florida document number 1.21000058311	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if appli	cable:		2
(Principal office address MUST BE A STRE	ET ADDRESS)	r *	<u> </u>
		:	<u>ව</u>
Enter new mailing address, if applicable:			7
(Mailing address MAY BE A POST OFFICE	<u> </u>	for Ext	0
			
B. If amending the registered agent and/or agent and/or the new registered office addr		cords, <u>enter the name o</u>	f the new registe
Name of New Registered Agent:	Angela Johnson		
New Registered Office Address:	2676 Southover Drive NE Enter Flori	ida street address	<u></u>
	Palm Bay	, Florida <u>32905</u>	
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Fitle</u>	Name	Address	Type of Action
MBR	LaShawn Strachan	11108 Ancient Futures Drive	
		Tampa, FL 33647	Remove
			Change
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			□Remove
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rective date, if other than the date of filing: 03/01/2021 In effective date is listed, the date must be specific and cannot be prior to date of filing or stee: If the date inserted in this block does not meet the applicable statutory filicument's effective date on the Department of State's records.	(option more than 90 days after f ing requirements, this	filing.) Purs	uant to 605.020 not be listed a
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m is filed.			h day after the
Line 24, 2021. Angula Gohnson Signature of a member or authorized representative			
12 - D. Oakars			