## 2100097391

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
<b>( ,,</b>
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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SECULLY OF STATE
TRULY CHECKEL

FILED 2024 JAN 12 PH P2: 8

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## **COVER LETTER**

77 211 22 7 22 7
TO: Registration Section Division of Corporations
SUBJECT: Anilah Burch 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:
Aniyah Marcel Name of Person
Aniyah Marcal LLC
6133 Jordans Pass Dr
Tallahassee FL 32304  City/State and Zip Code  aniyah, real+toral gmail.com  E-mail address: (to be used for future final report notification)
For further information concerning this matter, please call:
Aniyah Marcel at (850) 566-6020  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:    S25.00 Filing Fee   S30.00 Filing Fee &   S55.00 Filing Fee &   S60.00 Filing Fee,

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

Aniyan Bunch LLC		2024 JAN 12 PM 2: 18
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability Co	v appears on our records.)
The Articles of Organization for this Limited I	Liability Company were file	d on Aprilation 2003 Fand assigned
1.2100007391	,,,	
Florida document number L21000097391	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name o	of the limited liability com	pany here:
Aniyah Marcel LLC		
The new name must be distinguishable and contain the	words 'Limited Liability Compar	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli		
		***
T-ton - an - willing address if applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or	registered office address o	n our records, enter the name of the new registered
agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:	Aniyah Marcel	<del>.</del>
New Registered Office Address:	6133 Jordans Pass Dr	
	i	Enter Florida street address
	Tallahassee	, Florida <sup>32304</sup>
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Aniyah Bunch	6133 Jordans Pass Dr Tallahassee, FL 32304	□Add
		<del></del>	■Remove
			□Change
AMBR	Aniyah Marcel	6133 Jordans Pass Dr Tallahassee, FL 32304	<b>=</b> Add
			□Remove
			Change
			DAdd
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

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•	
	1/12/2024
fan ef Note:	tive date, if other than the date of filing:
reco d is f	ord 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 filed.
Dated	January 12th 2024  Aniyah Marcel  Signature of a member or authorized representative of a member
	Acial Maras
	Typed or printed name of signee

Filing Fee: \$25.00