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COVER LETTER

):	Registration Section
	Division of Corporations

JBJECT:

ANVETRADELLC

Name of Limited Liability Company

he enclosed Articles of Amendment and fee(s) are submitted for filing.

ease return all correspondence concerning this matter to the following:

LOVETTE DOBSON

Name of Person

-Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

nclosed 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) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> 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 ТО **ARTICLES OF ORGANIZATION** OF

FILED

		-	
ANVI TRADE LUC		<u>2021 SEP -7</u> PM 7: 50	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I) he Articles of Organization for this Limited Liability Company	SECRETARY OF STATE FALLAHASSEE, FUT SU		
orida document number $\frac{1.21000317386}{1.21000317386}$			
his amendment is submitted to amend the following:			
. If amending name, <u>enter the new name of the limited liab</u>	<u>ility company here</u> :		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LI.C" o	r the abbreviation "L.L.C."	
nter new principal offices address, if applicable:	13727 Sw 152nd Street #1212		
Principal office address MUST BE A STREET ADDRESS)	Miami. FL 33177		
nter new mailing address, if applicable:	13727 Sw 152nd Street #1212		
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33177		
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	<u>e name of the new registered</u>	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		

Florida _

Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

City

amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> <u>removed from our records</u>:

lGR ≒ Manager MBR = Authorized Member →

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. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing:

(optional)

(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

he 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 ord is filed.

SEPTEMBER 2ND

2021

anto a member or authorized representative of a member

ANTON PANASENKO

Typed or printed name of signee

Filing Fee: \$25.00