## 121000321520

(Requ	estor's Name)	
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(City/S	State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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T. MATTHEWS NOV 2 9 2021

## **COVER LETTER**

TO: Registration Se Division of Cor			•
ANAJI LLO SUBJECT:			
SUBJECT:	Name of Limi	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:	
	RESTREPO, DORIS		
		Name of Person	
	·	Firm/Company	
	2751 SW 152ND CT		
		Address	
	MIAMI, FL 33185	City/State and Zip Code	
	alex@suarez-baster.com  E-mail address: ()	to be used for future annual report notif	fication)
For further information c	concerning this matter, please ca		
RESTREPO, DORIS		786 314-2574	
Name o	if Person	Area Code Daytim	e 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)
Mailing Address Registration		Street Address: Registration Sec	etion
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ANAJI LLC				
(Name of the Limited Li (A F	ability Company : orida Limited Liab	as it now appears on collity Company)	our records.)	
The Articles of Organization for this Limited Liabili Florida document number L21000321520	ty Company we 	ere filed on 07/14/20	)21	and assigned
This amendment is submitted to amend the followin	g:			
A. If amending name, enter the new name of the	limited liabilit	y company here:		
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designa	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	: _		<u>.</u>	
(Principal office address MUST BE A STREET A	DDRESS)			<del></del>
	_			
Enter new mailing address, if applicable:	-			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
B. If amending the registered agent and/or registagent and/or the new registered office address he		lress on our recore	ds, enter the name	of the new register
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida st	reet address	
_			, Florida	Zip Code
_		City	-	Zip Code
New Registered Agent's Signature, if changing Regis	tered 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 = M $AMBR = A$	anager uthorized Member		21 Kill 12 Fil 3: 24	
<u>Title</u>	Name	Address	21 1	Type of Action
				□Add
				□Remove
				□Change
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				□Change

Effective date, if other than the date of filing:    11/03/2021	<del></del> -	BEDOYA ACOSTA, PAOLA A will remain with the tittle of manager and own 20% of the LLC'S shares
Effective date, if other than the date of filing:    11/03/2021   (optional)		RESTREPO, DORIS will remain with the tittle of manager and 0% of the LLC's shares
Effective date, if other than the date of filing:    11/03/2021	•	
Effective date, if other than the date of filing:    11/03/2021	~~	
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ffective date, if other than the date of filing:    11/03/2021   (optional)		
ffective date, if other than the date of filing:    11/03/2021   (optional)     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 0 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1 occument's effective date on the Department of State's records.    The 90th day a listiled.     November 3   2021   2021		
ffective date, if other than the date of filing:    11/03/2021   (optional)     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 other. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be becoment's effective date on the Department of State's records.    The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a listiled.	بِيَ	
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November 3 2021	n to 605,020 be listed as	ctive date, if other than the date of filing:
nted November 3 . 2021 .	lay after the	· · · · · · · · · · · · · · · · · · ·
		d
Signature of a member or authorized representative of a member	<del></del>	Signature of a member or authorized representative of a member

Filing Fee: \$25.00