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T. MATTHEWS
MAR - 8 2022

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

ANAGI CLEAN SOLUTION LLC SUBJECT: 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: LEON BALZA Name of Person L & N GENERAL FILING SERVICES INC Firm/Company 3785 NW 82ND AVE STE 209 Address DORAL FL 33166 City/State and Zip Code LNGRALFILING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEON BALZA 235-0909 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANAGI CLEAN SOLUTION LLC 22 HAR - 1 PH 3: 17

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/27/2022}{}$ and assigned Florida document number _L22000049534 This amendment is submitted to amend the following: A. If amending name, enter the new name of the 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>Title</u>	<u>Name</u>	Address	Type of Action	
AMBR	YLENA M. MENDOZA QUINTEI	5744 NW 112TH PL		
		DORAL FL 33178	=Remove	
			□Change	
AMBR	YLEANA M. MENDOZA QUINTERO	5744 NW 112TH PL	🛱 Add	
		DORAL FL 33178	□Remove	
			□Change	
AMBR	GUILLERMO F. PACHECO TINOCO	5744 NW 112TH PL		
		D0RAL FL 33178	□Remove	
			□Add	
			□Remove	
		 	□Change	
			□Add	
			□ Remove	
			□Change	
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ective date, if other than the effective date is listed, the date must e: If the date inserted in this bloument's effective date on the De	be specific and cannot be priock does not meet the applic	r to date of filing or more tha cable statutory filing requ	(optional) in 90 days after filing.) Pursuant of irements, this date will not b	to 605.0207 oe listed as
cord specifies a delayed effective s filed.	date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day	y after the
February 22	2022			
		<u> </u>		
	Signature of a member or auth			
:	signature of a member or auth	orized representative of a m	iember	