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## **COVER LETTER**

**Registration Section** 

Tallahassee, FL 32314

TO:

Division of Corp	orations		
SUBJECT:	AANRYA CLEA	ARINATER LLC. led Liability Company	1
The enclosed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please return all correspor	dence concerning this matter t	o the following:	÷
	TEENA	PATEL Name of Person	
	<u> AANRY</u>	A CLEARWATE Firm/Company	R LLC
	10 PEG	Address	
	TINTO	N FALLS City/State and Zip Code	
	E-mail address (t	atel (a grynail. Co	otification)
For further information co	oncerning this matter, please ca	dl:	
TEEN!A Name of	Person	at (907) 930 Area Code Days	ime Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 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 S Division of Co P.O. Box 632	ection orporations	Street Address: Registration S Division of C The Centre o	Section Corporations

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

of FILED

AANRYA C	LEARWATER 2022 HAR 14 AM 7:41
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) (Limited Liability Company)  CONT IN CALL OF STATE
The Articles of Organization for this Limited Liability C	ompany were filed on FEBRILARY 14, 2022
Florida document number L22 0000 72	16
This amendment is submitted to amend the following:	
Ţ	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ited 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 ADDR	(ESS)
Enter new mailing address, if applicable:	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	
	<del></del>
	l office address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Norman - CNI	,
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered	i Agent:
<del></del> -	and agree to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and co	omplete performance of my duties, and I am familiar with and
accept the obligations of my position as registered ag	gent 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	TEENA PATEL	10 PEGASUS DR	
		TINTON FALLS, NJO	7724 □Remove
			□Change
			🗆 Add
			□Remove
			□Change
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an effectiv <u>ot<b>e:</b></u> If th	e date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be prior to date of filing or more than the date inserted in this block does not meet the applicable statutory filing require it's effective date on the Department of State's records.	(optional) 00 days after filing.) Pursuant to 605.020 ements, this date will not be listed a
record sp is filed.	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl.	arlier of: (b) The 90th day after the
nted	MARCH 2,2022	
	Signature of a member or authorized representative of a men	nher
	TEENA PATEL. Typed or printed name of signee	