

122 0000 89906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

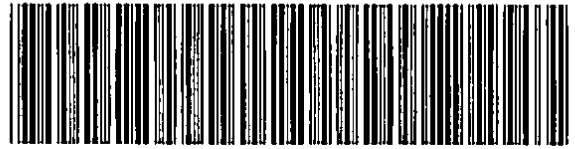
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Suffix, Type of Action

Office Use Only



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01/04/22--01035--005 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 JUN 27 AM 7:17

FILED

A. BUTLER  
JUN 12 2022

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ANZU 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:

MARIA G SANCHEZ

\_\_\_\_\_  
Name of Person

ANZU LLC

\_\_\_\_\_  
Firm/Company

1712 WEST 66 PLACE

\_\_\_\_\_  
Address

HIALEH, FLORIDA 33012

\_\_\_\_\_  
City/State and Zip Code

marlonalberto56@gmail.com

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

For further information concerning this matter, please call:

MARIA G SANCHEZ

786 768-5899  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed 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)

☒ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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**

ANZU LLC

2022 JUN 27 AM 7:16

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/26/2022 and assigned  
Florida document number L22000089906.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ANZU GENERAL SERVICES LIMITED LIABILITY COMPANY

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)**

1712 WEST 66 PLACE HIALEA, FL 33012

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1712 WEST 66 PLACE HIALEAH, FL. 33012

**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:

MARIA G. SANCHEZ

New Registered Office Address:

1712 WEST 66 PLACE

*Enter Florida street address*

HIALEAH

*City*

Florida 33012

*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.*

*Maria G Sanchez*

**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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
AMBR	MARIA G SANCHEZ	1718 W 66 PLACE HIALEAH. FL 33012	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

[illegible]

(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)

If the 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 record is filed.

Dated 03/22/2022, \_\_\_\_\_

Marica G Sanchez

Signature of a member or authorized representative of a member

Maria G Sanchez

Typed or printed name of signee

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
Anissa Butler  
Regulatory Specialist II  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Officer:

I'm sending you the document with the corrections you request. I enter the tile the name and the address of the person being added. Please let me know if you need any additional information.  
Sincerely yours.

A handwritten signature in black ink, consisting of the letters 'M', 'G', and 'S' written in a cursive, stylized manner.

Maria G Sanchez



RECEIVED

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 JUN 27 PM 12:14  
CLERK OF STATE  
TALLAHASSEE, FL

April 18, 2022

MARIA G SANCHEZ  
1712 WEST 66 PLACE  
HIALEH, FL 33012

SUBJECT: ANZU LLC  
Ref. Number: L22000089906

We have received your document for ANZU LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

YOU DID NOT CHECK THE TYPE OF ACTION FOR YOUR AUTHORIZED PERSON(S).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 422A00009042