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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANATECH AMERICA SERVICES LLC

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LAY 25 2022

K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anatech America Services LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000106954	were filed on 03/01/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "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 agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registere
		202
Name of New Registered Agent:		2 H. Y
New Registered Office Address:	Enter Florida street address	25
	Enter Florida street address Florida	A MO
	City , Florida	· Zip Code
'ew Registered Agent's Signature, if changing Registered Agent;		02

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability apany 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jonathan Torpey	19369 US Hwy 19N Ste 2-212	⊠ Ada
		Clearwater FL 33764	□Remove
			□Change
AMBR	Theresa Pierce	19369 US Hwy 19N Ste 2-212	∑ iAdd
		Clearwater FL 33764	□Remove
			□Change
			□Add
			□Remove
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fective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blueument's effective date on the D	ock does not meet the app	licable statutory fili	(optional more than 90 days after filing requirements, this days	al) ng.) Pursuant to 605.0207 (ite will not be listed as t
ecord specifies a delayed effectivis filed.	e date, but not an effective	e time, at 12:01 a.m	. on the earlier of: (b)	The 90th day after the
med May 25	2022	·		
	Rilmy	PLL		
	Signature of a member or ac	thorized representativ	e of a member	
	p.mine with institute of the			

Filing Fee: \$25.00