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(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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R. HUNT

## **COVER LETTER**

Division of Co		
KATIE K. SUBJECT:	ANEHL LLC	
SUBJECT:	Name of Limited Liability Company	_
777.		
	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	ondence concerning this matter to the following:	
	SANDY MACAULAY	
	Name of Person	
	MACAULAY & ASSOCIATES LLC	
	Firm/Company	
	5321 IST AVE S	202
	Address	
	ST PETERSBURG, FL 33707	DIVISION OF CORTONZIONALIONALIONALIONALIONALIONALIONALIONAL
	City/State and Zip Code	— <u> </u>
	SANDY@MACAULAYACCOUNTING.COM	112:
For further information of	E-mail address: (to be used for future annual report notification)  concerning this matter, please call:	PH12: 40
SANDY MACAULAY		
Name o	of Person Area Code Daytime Telephone Num	her
	Day mile respicite ival	
Enclosed is a check for t	the following amount:	
<b>≅</b> \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	D Filing Fee, ficate of Status & fied Copy fied Copy is enclosed)
Mailing Address Registration		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

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## 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 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>	Type of Action
AMBR	KATIE PAULK	5105 LETITIA CT	
		TAMPA. FL 33624	□Remove
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