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TO:

TO: Registration Se Division of Cor			
Ansel Mar SUBJECT: _	nagement LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The analoged Articles of	Amendment and fee(s) are sub	omitted for filing	
	ondence concerning this matter	_	
rease retain an correspon	more concerning was maner	to the following.	
	Dennis Huffman		
		Name of Person	
	Ansel Management LLC		
		Firm/Company	
	1990 Main Street Suite 75	50	
		Address	
	Sarasota, FL 34236		
		City/State and Zip Code	
	Dennis@anselcapital.com		
For further information c	n-man address: oncerning this matter, please c	to be used for future annual report no all:	tification)
Dennis Huffman		941 500-2816 at ()	
Name o	f Person		me Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		<u>Street Address:</u> Registration So	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ansel Management LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our record Liability Company)	<u>ds.</u>)				
The Articles of Organization for this Limited Liability Company	were filed on August 30, 2022	and assigned				
Florida document number L22000380961						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	oility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		702 712 712				
	<u> </u>					
Enter new mailing address, if applicable:		ASS T				
(Mailing address MAY BE A POST OFFICE BOX)	-					
Manual dames with BETH OST OF THEE BOXY						
		∑m sn				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>					
Name of New Registered Agent:						
New Registered Office Address:						
New Registered Office Address.	Enter Florida street addre	SS				
	. Florida					
	City	Zip Code				
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is				

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>	Type of Action
AMBR	Astrid Rodrigues	811 South Jackson St	
		Hinsdale, IL 60521	■Remove
			Change
AMBR Clyde	Clyde Souza	811 South Jackson St	= Add
		Hinsdale, IL 60521	
			□Change
			□Remove
			Change
			□Add
			□Remove
		-	Change
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		N	lay 5, 2023						
Effective date, if other (If an effective date is listed, th	than the date o ie date must be spei	of filing: citic and cam	ot be prior to dat	e of filing or m	(iore than 90 day:	optional) safter tiling. i	Pursuant to	o 605.02	207 (3
Note: If the date inserted	in this block doc	es not meet	the applicable:	statutory filin	g requirement	s, this date v	will not be	e listed	as th
document's effective date	on the Departme	ent of State	s records.						
he record specifies a delaye	d effective data	hut not an a	ffective time	. 17:01 a m	an the english	se da Tha	. Oark day	ation th	
ord is filed.	d checuve date,	out not an e	nective time, t	A 12.01 a.m.	on the carrier	21. (O) THE	7001 day	anei u	ic
Dated May 5th)23						
Dated									

Filing Fee: \$25.00

Typed or printed name of signee