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(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to I		5/15
		

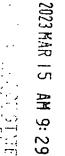
Office Use Only



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5/20/23 VIN



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Pryclic Author Agics 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:				
Emmallery-Milary Name of Person				
ANXYOLIC PALYELS LLC				
110 Severity Lag Aft 204				
LAIE WAIES F1. 33854 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
EMMALENU at (ELD 203-1534) Name of Person Area Code Davime Telephone Number				
,,,,,,,,,,,,,,				
Enclosed is a check for the following amount:				
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy tadditional copy is enclosed) S60.00 Filing Fee, Certified Copy tadditional copy is enclosed) 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 ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa (A Florida Limited	5 kkC inv as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 3200041103</u> /	were filed on Sept 33, 200 assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Angula Depth Liability of the new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	LAICE WALES F1.338.59
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	2023 HAR 1.5
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 name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

1

Thereby 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.

 If Changing Registered 	l Agent, Signature	e of New Registe	red 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 Address Title Name Exhipterry 110 Generity Koop DAN [AKE, WAKES & 1.3385 GREMOVE Change Charlette Penup 502 E. CHRIFIELDS ANDLITARILE FISSES □Remove 1833 VALENCIA DRI HEVNCII (ANNICE ANDRICE AND □Remove Remove _ □Change □Remove