L22000500781

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Doo	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to F	-iling Officer:	

Office Use Only



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3/20/23 Villi



COVER LETTER

TO: Registration Section Division of Corporations

15427 MIL. SUBJECT:	LER CREEK LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	WILMA JIMENEZ		
		Name of Person	
	WJ SUMMIT INCOME TA	AX LLC	
		Firm/Company	
	5303 Bergenline ave suite 2	206	
		Address	
	WEST NEW YORK, NJ 07	7093	
	·	City/State and Zip Code	
	sumfinancial@gmail.com		
		o be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	ıtl:	
WILMA JIMENEZ		201 330 0475 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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 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

15427 MILLER CREEK LLC		
(Name of the Limited Liability) (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Conflorida document number L22000500781	mpany were filed on November 28, 2022	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limite	d liability company here:	
ANAIS LLC		
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	2023 JAM
Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
		<u> </u>
nter new mailing address, if applicable:	N/A	12
Mailing address MAY BE A POST OFFICE BOX)		
-		17/ 10
. If amending the registered agent and/or registered of gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		me of the new register
	Enter Florida street address	
	, Florida	
	City	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.

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
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Note:	ive date, if other than the lective date is listed, the date must. If the date inserted in this bloment's effective date on the De	ick does not meet th	ie applicable statuto	ing or more than 90 ory filing requiren	(optional) days after filing.) Pursu ents, this date will no	ant to 605,0207 (3) of be listed as the
the recor	d specifies a delayed effective led.	date, but not an eff	fective time, at 12:6) a.m. on the earl	ier of: (b) The 90th	day after the
Dated	JANUARY 05TH	202				
Directi		1	· · ·			
		4111	or authorized repre-	6		

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Filing Fee: \$25.00

Typed or printed name of signee