L23 000 000 675

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Ani	a H Boosk	a LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter	-	
	Ania Br	ooska.	
		Name of Person	
	Ania H B	00 8kg LLC Firm/Company	
	<u>923 Osp</u>	veu du	
		Address	
	Rochlede	Te FL 329 City/State and Zip Code	<u>255</u>
	aniasells E-mail address: (5 321@ gmail. to be used for future annual report not	Com (ification)
For further information co	oncerning this matter, please c		
Anio. Name of	BOOSKA Person	at (<u>321</u>) <u>482</u> -	-7015 ne Telephone Number
Enclosed is a check for th	e 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		Street Address:	
Registration S Division of Co		Registration Se Division of Co	
P.O. Box 632	7	The Centre of	_ -
Tallahassee, F	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ANLA H. BOOSKO (Name of the Limited Liability Company as (A Florida Limited Liability)	it now appears on our records.)
The Articles of Organization for this Limited Liability Company were Florida document number $\underline{L2300000675}$.	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u>.</u>
	•
Enter new mailing address, if applicable:	·
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered office address here:	ss on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Tty 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 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Change
.			□Add
			Remove
			Change
			□Remove
			Change
			□ Add
			□Remove
			Change
	<u></u>		□Add
			Change

Changing limited liabile	ity company
from manager-mana member-managed.	ored to
member-managed	V
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· · · · · · · · · · · · · · · · · · ·	
	,
	- ·
tive date, if other than the date of filing:	(optional)
flective date is listed, the date must be specific and cannot be prior to date of filir. If the date inserted in this block does not meet the applicable statutor	ng or more than 90 days after filing.) Pursuant to 605
nent's effective date on the Department of State's records.	y ming requirements, this date will not be not
ord specifies a delayed effective date, but not an effective time, at 12:01 filed.	a.m. on the earlier of: (b)—The 90th day afte
1 January 6. 2023	
(//llul)	
Signature of a member of authorized represe	metative of a manuface