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COVER LETTER

ANLI PRO	PERTIES, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CLAUDIA AVILA PACHE	co	
		Name of Person	
	BLUE ISLAND REAL ES	TATE	
		Firm/Company	
	6965 PIAZZA GRANDE	AVE SUITE 306	
		Address	
	ORLANDO FL 32835		
		City/State and Zip Code	
	blueisland.mica@hotmail.		
	E-mail address: (to be used for future annual report r	notification)
For further information e	oncerning this matter, please co	all:	
Micaela Baptista		407 458-9667	7
Name o	f Person	at () Area Code Day	time 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section Division of Corporations

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

ANLI PROPERTIES, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records. ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	oany were filed on 05/08/2023	and assigned
lorida document number L23000227659		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		در) - را
Principal office address MUST BE A STREET ADDRESS	<u> </u>	:.:
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		- E
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered off igent and/or the new registered office address here:	ice address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter r toriaa street address	
	, Flor	ridaZip Code
	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 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>	Address	Type of Action
MGR	CLAUDIA AVILA PACHECO	14469 Cedar Hill DrWinter Garden, FL 34787	⊠ Add
			□Remove
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ective date, if other than the reffective date is listed, the date mu	e date of filing:	filing or more than 90 days after fi	i <b>ai)</b> ling.) Pursuant to 605.03
te: If the date inserted in this b	lock does not meet the applicable statu	itory filing requirements, this c	late will not be listed
cument's effective date on the I	Department of State's records.		
cord specifies a delayed effecti s filed.	ve date, but not an effective time, at 12	:01 a.m. on the earlier of: (b)	The 90th day after the
5 mod.			
JUNE 8	2023		
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	DIN Anh ida	Dogo	
	Signature of a member or authorized repr	Poson resentative of a member	