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COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Cor			.
SUBJECT:	0801200	52002 LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alyssa M DeBlasio		
		Name of Person	
		Firm/Company	
	21373 Town Lakes Drive,	Apt 1522	
		Address	
	Boca Raton/FL 33486		
	alyssasells2005@gmail.con	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please ea	all:	
Alyssa M DeBlasio		561 4308536	
Name o	f Person		ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C P.O. Box 632		Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

080120052002 LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on JUN 12 2023	and assigned
Florida document number L23000281531		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
A & N Sellers LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	21373 Town Lakes Drive, APT 1522, E	Boca Raton, FL 33486
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	21373 Town Lakes Drive, APT 1522, E	Boca Raton, FL 33486
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 the nan</u>	ne of the new registere
Name of New Registered Agent:		
New Registered Office Address:		0 0 88 P 88
	Enter Florida street address	STATE STATE
	, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			🗀 Add
			Remove
			Change
			□Add
			Remove
			Change
			□Remove
			Change
			🗆 Add
			□Remove
			DChange
			DAdd
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
ote:	tive date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
ated	June 29th, 2023
	Signature of a prember or authorized representative of a member
	signature of meanings of audiorized representative of a member

Filing Fee: \$25.00