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COVER LETTER

Division of Cor	porations			
SUBJECT: Anni	son Ter, 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:		
	Walter Piago	Name of Person		
		Firm/Company		
	1012 Wellma	n Way		
	The Villages,	FL 34762 City/State and Zip Code O GMail · com to be used for future annual report noti		
	Wtpiagentini E-mail address: (o 6 mail · com	fication)	
For further information co	oncerning this matter, please ca			1 (C)
Walter Piag	icatini Eperson	at (<u>352</u>) <u>808- 0.</u> Area Code Daytim	590	2021FT3 26
(Value of		wea code Bayum	receptione (value)	:
Enclosed is a check for th	e following amount:		4 ° ° •= , ••• ,	
\$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 enclos	&

TO:

Registration Section

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

Annish ler. LL	<u>C</u>	
(Name of the Limited	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liab	· · ·	and assigned
Florida document number <u>12 4 0000 59</u>	<u>424</u> .	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company." the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicah	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	2X)	
		l an
	•	
B. If amending the registered agent and/or reg agent and/or the new registered office address l	istered office address on our records, <u>enter</u>	the name of the new registered
agent and/or the new registered office address	<u>nere</u> :	[H 8
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addres:	;
	· · · · · · · · · · · · · · · · · · ·	orida
	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
MGR	Walter Playentini	1012 Wellmas Way	X Add
		The Villages, FL 34762	□Remove
			□Change
			□Add
			Remove
			□Change
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			□Remove
			□Change
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	To date on the toppo	arment of State .	a records.					ယ
ecord specifies a is filed.	delayed effective d	ate, but not an el	ffective time, at 1.	2:01 a.m. on th	e earlier of:	(b) The 90)th day afi	ter th
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