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to:

Apr. 10. 2024 9:36PM

Division of Corporations

Fax Mumber

: (858)617-6383

From:

Account Name : NELSON & ASSOCIATES, C.P.A., P.A.

Account Number : IZ0120000083 Phone : (305)593-0829

Phone : (305)593-0829 Fax Number : (305)593-8744

\*\*Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.\*\*

Email Address: ANNUALRENEWALS@TAXNELSON.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANZA CORNWELL TOOLS LLC

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K. SALY APR 1 2 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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当一们

ANZA CORNWELL TOOLS LLC		12 To 1
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa- Florida document number <u>L24000156473</u>	ny were filed on 4/4/2024	and assigned
This amendment is submitted to amend the following:		in the second se
A. If amending name, enter the new name of the limited li-	ability company herc:	
ANZA TOOLS LLC		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the	he abbraviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the i</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Flortda street address	
	, Florida	
	Clty	Zip Code
New Registered Agent's Signature, if changing Registered Ager	nt:	

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: (((H24000128910 3)))

MGR =	Manager	
AMBR ≠	Authorized	Member

Title	Name	Address	Type of Action
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			□ Remove □ Remove
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