

L2400033830

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ANGEL ROSARIO
Account Number : I20240000150
Phone : (561)618-7459
Fax Number : (561)880-9959

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

Email Address: adoniasramirez@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
A&N RAMIREZ MULTIPLE SERVICES LLC

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K. SALY

FEB - 4 2025

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Corporate Filing Menu

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January 29, 2025

FLORIDA DEPARTMENT OF STATE

Division of Corporations

A&N RAMIREZ MULTIPLE SERVICES LLC
7358 POI CIRCLE
ORLANDO, 32822

SUBJECT: A&N RAMIREZ MULTIPLE SERVICES LLC
REF: L24000333830

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah Lefeavers
Regulatory Specialist III

FAX Aud. #: H25000029361
Letter Number: 625A00001801

COVER LETTER

TO: Registration Section
Division of Corporations

A&N RAMIREZ MULTIPLE SERVICES LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adonias Ramirez

Name of Person

Firm/Company

7358 POI CIRCLE

Address

ORLANDO, FL 32822

City/State and Zip Code

adoniasramirez@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adonias Ramirez

Name of Person

at (407)
Area Code

552-1849
Daytime Telephone Number

Enclosed is a check for the 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:

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

A&N RAMIREZ MULTIPLE SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2025 FEB -3 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/29/2024 and assigned
Florida document number L24000 333830

This amendment is submitted to amend the following:

A.If amending name, enter the new name of the limited liability company here:

ANR Pro Solutions LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

7726 Winegard Rd 2nd FloorOrlando, FL 32809

Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

7726 Winegard Rd 2nd Floor#0065Orlando, FL 32809

B.If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:Registered Agents IncNew Registered Office Address:7901 4th St N STE 300*Enter Florida street address*St. Petersburg, Florida33702*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.

David roberts

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ADONIAS A RAMIREZ	7726 Winegard Rd 2nd Floor	<input type="checkbox"/> Add
		Orlando, FL 32809	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	NANCY A VALVERDE	7726 Winegard Rd 2nd Floor	<input type="checkbox"/> Add
		Orlando, FL 32809	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2025 FEB 6 PM 3:34
TALLAHASSEE, FL
CLERK OF COURT
JENNIFER L. HARRIS

D.If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please change the address of the members with the address provided above.

2025 FEB -3 PM 3:34
ATLANTA DEPT. OF CORRECTIONS

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 01/25/2025

Augusto Ramirez

Signature of a member or authorized representative of a member

ADONIAS A RAMIREZ

Typed or printed name of signee