

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  
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\*\*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

Certificate of Status	0
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Page Count	02
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Business  
Entity  
Name  
A&N RAMIREZ MULTIPLE SERVICES LLC

K. SALY

FEB - 4 2025



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 ) 552-1849  
Area Code 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

FILED

2025 FEB -3 PM 3:34

SECRETARY  
TALLAHASSEE FLORIDA

A&N RAMIREZ MULTIPLE SERVICES LLC

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

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 Floor  
Orlando, FL 32809

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

7726 Winegard Rd 2nd Floor  
#0065  
Orlando, 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 Inc

New Registered Office Address:

7901 4th St N STE 300

*Enter Florida street address*

St. Petersburg

Florida

33702

*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"/> Remove
			<input type="checkbox"/> Change

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