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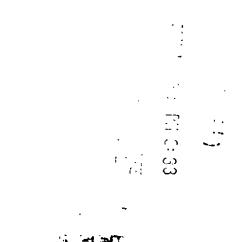
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
OA 150 FEE CHAL	al Management LLC		
SUBJECT:	Name of Lim	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:	
	Abraham Kleinman		
	-	Name of Person	
	ANS Capital Management	LLC	
		Firm/Company	
	5341 SW 33RD Terrace		
	<del></del>	Address	
	Fort Lauderdale FL 33312	2	
		City/State and Zip Code	=:
	Kleinmanabraham@gmail.	com to be used for future annual report notif	: Ω 
For further information c	oncerning this matter, please co	·	neamon) [17] Co
Abraham Kleinman		347 827-0011	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
<b>■ \$25.00</b> 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		Street Address: Registration Sec	rtion
Division of C	Corporations	Division of Corp	
P.O. Box 632		The Centre of T	
Tallahassee, l	r L 32314	2415 N. Monroe	e Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our ed Liability Company)	records.)	
The Articles of Organization for this Limited Liability Compa Florida document number $\frac{1.24000344484}{1.24000344484}$ .	nny were filed on 8/5/2024		_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation	n "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	· <del></del>		٠,
(Principal office address MUST BE A STREET ADDRESS)		· -	<u>:</u>
			For Co
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			Ci) war
·		r	ယ်
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:			f the new regist
	Enter Florida street		
	City	Florida	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	SIMON SPITZER	3535 Indian creek dr 502 Miami Beach Fl. 33140	🗏 Add
			□Remove
			□ Change
			□Add
			□Remove
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be p te: If the date inserted in this block does not meet the appument's effective date on the Department of State's reconstruction.	(optional)  rior to date of filing or more than 90 days after filing.) Pursuant to 605.0 blicable statutory filing requirements, this date will not be listed rds.
cord specifies a delayed effective date, but not an effectiv s filed.	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ed August 13 . 2024	<u></u> .
( ) /	uthorized representative of a member

Filing Fee: \$25.00