Division of Corporations Electronic Filing Cover Sheet

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(((H150000451123)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: GARY, DYTRYCH & RYAN, P.A. Account Name

Account Number: I19990000255 Phone : (561)844-3700 Fax Number : (561)844-2388

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

Email Address:

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FEB 23 2015

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANBRO ASSOCIATES, LL					
Cama of the Limit	ed Liability Compa (A Plorida Limiled)	my as it now enpears on our records.)		_	
The Articles of Organization for this Limited Li Florida document number M0600003999	ability Company	were filed on 07/17/2006	and	දුද්දෙය	ned
This amendment is submitted to amend the folio	vving:				
A. If amouding name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and end with the	rords "Limited Linb	ility Company," the designation "LLC" or th	ie abbreviation	n "L.L.	,C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		5947 BENEVENTO DRIVE			
		SARASOTA, FL 34238			
The face with the second of th		5947 BENEVENTO DRIVE	ASS ES	15	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SARASOTA, FL 34238			
		57170017, 12 5420b	125	田2	===
			History.	-	
B. If smending the registered agent and/or the new registered off	r registered of ice address here	fice address on our records, <u>ente</u> :	82	<u>€01</u>	tilg/nev
Name of New Registered Agent:	<u></u>				
New Registered Office Address:	5947 BENEVENTO DRIVE Enter Florida street address				
	SARASOTA		24228		
	SMFCASCIA	Chy Florida	Zip Cod	ie .	
New Registered Agent's Signature, if changing R.	elstored Agent:		·		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this a	r and complete ; tered agent as p egistered office o	performance of my duties, and I an ravided for in Chapter 605, E.S. O	ı familiar v r, if this do	vith a come	nd

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H Changing Registered Agent, Signature of New Registered Agent

(((H150000451123)))

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	EDWARD R. LYONS	5947 BENEVENTO DRIVE	Em Address
		SARASOTA, FL 34238	
			D Add
			□ Remove
			Adda A G Resporte
			B 20 M C Add C C C C C C C C C C C C C C C C C
Name of Street, or other lands			CI Add
			□ Remove
			D Add
		,	☐ Remove
			

If amending any other information, enter change(s) here: (Attach additional	sheets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more	(optional) re than 90 days after
the date this document is filled by the Florida Department of State)	,
Dated rebruary 20, 2015.	
O COCK	
Educ Home	
Signature of a hiember of full offized representative of a represe	nemper

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Filing Ree: \$25.00