## P21000096637

(Rec	uestor's Name)	
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2022 JAN 24 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FL

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## COVER LETTER

FO: Amendment Se Division of Cor			
NAME OF CORPO	ORATION: Anna Maxwell INC	: 	
	IBER: P21000096637		
The enclosed Article	s of Amendment and fee are sul	bmitted for filing.	
Please return all corr	espondence concerning this mat	tter to the following:	
	Anna Maxwell	_	
		Name of Contact Person	
		Firm/ Company	
	121 NE 34 street #1615		
	Miami FL 33137	Address	
		City/ State and Zip Code	
	G 1		
	annamaxnyc@gmail.com  E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Anna Maxwell		at (	5006112
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P.	ailing Address mendment Section ivision of Corporations O. Box 6327 illahassee, FL 32314	Amend Divisio The C 2415 t	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810



RECEIVED

2022 JAN 24 PM 2: 11

SECRETARY OF STATE TALLAHASSEE. FL

January 7, 2022

ANNA MAXWELL 121 NE 34 STREET #1615 MIAMI, FL 33137

SUBJECT: ANNA MAXWELL INC. Ref. Number: P21000096637

We have received your document for ANNA MAXWELL INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L06000111022 - MAXWELL LLC.

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) 245-6050.

Irene Albritton Regulatory Specialist III

Letter Number: 022A00000535

## **Articles of Amendment Articles of Incorporation**

ration (if known)  Profit Corporation adopts the following arrendment(s)			
Profit Corporation adopts the following amendment(s)			
Profit Corporation adopts the following amendment(s)			
Profit Corporation adopts the following amendment(s)			
Profit Corporation adopts the following amendment(s)			
The			
NE 34 street			
NE 34 street			
NE 34 street			
mi FL 33137			
Miami FL 33137			
6815 Biscayne Boulevard, suite 103 #103			
Miami FL 33138			
Florida, enter the name of the			
ress)			
, Florida			
(Zip Code)			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones	NIA	
_X Add	<u>sv</u>	Sally Smith	10 / 11	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1)Change				
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<del></del>		
Add				
Remove				

( . titue : i . titue : i .	ding additional Artic heets, if necessary).	(Be specific)				
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				<del>,</del>		-
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. If an amendment	provides for an exch	ange, reclassifica	ition, or cancellat	tion of issued shar	es.	
provisions for im	plementing the ame	<u>ndment if not cor</u>	itained in the am	<u>endment itself:</u>		
	able, indicate N/A)					
V/A						
			<del></del>			
					_	
						,

	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		<del>-</del> _
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendatificient for approval.	ment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following standard voting group entitled to vote separately on the amendment(s)	'atement :
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
11/22/2021 Dated	MMOGRA	
selecte	ifector, president or other officer – if directors or officers have not d, by an incorporator – if in the hands of a receiver, trustee, or othe ted fiduciary by that fiduciary)	been r court
	Anna Maxwell	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	