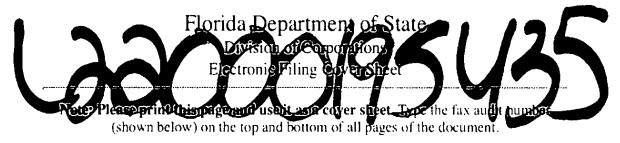
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Division of Corporations



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To:

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Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

Email Address:

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EKEROLD REAL ESTATE LLC

Certificate of Status	0
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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EKEROLD REAL ESTATE LLC		
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L22000195435</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Anaira LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	(22	
Enter new mailing address, if applicable:		2023 4
(Mailing address MAY BE A POST OFFICE BOX)		,3 - 
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>enter the </u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	emer vioriaa sirgei adaress	
	, Florida	Zip Code
	Ciny	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	CARMINE NAPOLITANO	10837 GARDEN RIDGE COURT	
		DAVIE, FL 33328	□ Remove
			□ Change
			□Add
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	ist be specific and cannot be prior I	(optic to date of filing or more than 90 days after able statutory filing requirements, this	filling.) Pursuant to 605.0207 (3
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