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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ANCLOTE PROPERTY PAR	ATNERS LIMITED, LLC Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
0	Name of Person  PROPERTY PARTNERS LIMITED Firm/Company
5831 SV	N LAGO CIR Address
	City/State and Zip Code  Chs-Geo. Com ss: (to be used for inture annual report notification) se call:
E-mail addres	ss: (to be used for inture annual report notification)
For further information concerning this matter, pleas	se call:
RICHARD SAENGER	at ( 316 ) 734 - 8571
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
≅ \$25.00 Filing Fee	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahaccee FI 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANCLOTE PROPERTY PARTNE	RS LIMITED, LLC
ANCLOTE PROPERTY ARTNE (Name of the Limited Liability Company as in (A Florida Limited Liability)	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L21000511590</u> .	filed on $12/02/2021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	(±) (5) (4)
	23
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	2.0
B. If amending the registered agent and/or registered office addre agent and/or the new registered office address here:	ess on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

## 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.

City

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>	Address	Type of Action
AMBR	STEVE CORRADO	1630 LONESOME PLE	D_vala
		TARPON SPRINGS, FLA	□Remove
		34689	□Change
AMBR	SCOTT SAENGER	9307 WINSOME	that
		HOUSTON, TX 77063	□Remove
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