

L03000002683

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

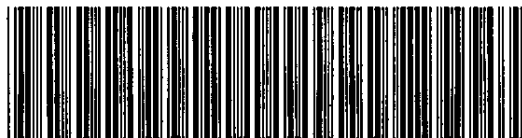
\_\_\_\_\_  
(Document Number)

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2016 MAY -3 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAY -6



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2016 MAY -3 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 19, 2016

ANDERSON BUSINESS ADVISORS  
ALVIN LAM  
3225 MCLEOD DR, STE. 100  
LAS VEGAS, NV 89121

SUBJECT: BROOKS FAMILY PROPERTIES II, L.L.C.  
Ref. Number: L03000002683

We have received your document for BROOKS FAMILY PROPERTIES II, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 116A00008092

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Brooks Family Properties III, L.L.C.**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alvin Lam

Name of Person

Anderson Business Advisors

Firm/Company

3225 McLeod Drive, Suite 100

Address

Las Vegas, Nevada 89121

City/State and Zip Code

alam@andersonadvisors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alvin Lam

800 706-4741

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

April 26, 2016

Registration Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: Brooks Family Properties II, LLC; Brooks Family Properties III, LLC**

To Whom It May Concern:

Enclosed with this letter please find the following:

1. An original of the corrected Articles of Amendment for the aforementioned entities; and
2. A return envelope.

Please file the corrected articles and return the filed documents to me in the enclosed envelope. If you have any questions regarding this filing please call me at 800-706-4741.

Sincerely yours,

Alvin Lam

Organizer

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Brooks Family Properties II, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/23/2003 and assigned  
Florida document number L03000002683

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Anchored Investments II, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

265 South Federal Highway, Suite 294

**(Principal office address MUST BE A STREET ADDRESS)**

Deerfield Beach, Florida 33441

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Anderson Registered Agents, Inc.

New Registered Office Address:

1000 North Washington Boulevard

Enter Florida street address

Sarasota

, Florida 34236

City

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Dennis H. Brooks	PO Box 1677 Deerfield Beach, Florida 33443	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Tho Thi Brooks	PO Box 1677 Deerfield Beach, Florida 33443	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGRM	Kevin Hung Brooks	PO Box 1677 Deerfield Beach, Florida 33443	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGRM	Toby T. Brooks	PO Box 1677 Deerfield Beach, Florida 33443	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGRM	Dawn Thi Brooks	PO Box 1677 Deerfield Beach, Florida 33443	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Dawn Thi Brooks	265 S. Federal Highway Suite 294 Deerfield Beach, Florida 33441	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 12, 2016

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Alvin Lam

\_\_\_\_\_  
Typed or printed name of signee