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C. BRUMBLE !

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Anco Sh Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Eu	gene Livers Name of Person	
	Ancienores W	DBA Veller William Firm/Company	ns Success Realty
	7923 Pana	ma City Beach Pa	rkway
	Panama C	CHY Beach, Fu 3240	7
	E-mail address: (LWCLA & KW. CON to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Down a Maine of	<u>ashburn</u> Person		1-0313 Telephone Number
Enclosed is a check for th	e 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anco	Shores LLC
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $2/4/2006$ and assigned
Florida document number <u>L 0600018569</u> .	, , , , , , , , , , , , , , , , , , ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	202
Enter new mailing address, if applicable:	5.
(Mailing address MAY BE A POST OFFICE BOX)	Br. 2 U
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Cay 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
AMBR	Kara Bayd	2624 Katie Marie Lane	□Add
		Lynn Haven, FC 32444	XRemove
			□Change
			□Add
			□ Remove
			□ Change
			□ Add
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ecoro is fil	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 d.
	Movember 1. 2021.
ited_	
ited _	Loca Bord
ated _	Signature of a member or authorized representative of a member