L060000 18569

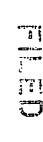
(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to Fil	ing Officer:	
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Office Use Only



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COVER LETTER

	ivision of Corpo						
CUD IDCO	r. And	n shaves	1.16				
SUBJECT	· · · · · · · · · · · · · · · · · · ·	Na	me of Linu	ted Liability Compar	ny		
The enclos	sed Articles of An	nendment and fee(s) are subr	mitted for filing,			
Please retu	ırn all correspond	ence concerning th	is matter t	to the following:			
	-	Virginia	Pap	pafotis Name of Perso	on		
		Keller	Willa	rinn/Compan	=55 Rea	447	
		7923	Panam	a City B	each f	Kwy	
				Beach, City/State and Zip			
		E-mail	address: (t	o be used for future a	annual report n	y. Com diffication)	
For further	r information con	cerning this matter	, please ca	ill:			
Vivgi	nia Pap	pafotis		at (26.0) 249	- 03/3 ime Telephone Number	
J	Name of P	crson		Afea Cod	e Dayt	ime Telephone Number	
Enclosed i	s a check for the	following amount:					
□ \$25.00) Filing Fee	S30.00 Filing F Certificate of		☐ \$55.00 Filing Certified Co (additional cop	ру	Certified (of Status & Copy
previo	ously paid					(Buditional e	opy is enclosed)
R D P	Mailing Address: Registration Section of Cor 2.O. Box 6327 Callahassee, FL	porations		Re Di Th 24	ne Centre of	orporations Tallahassee roe Street, Suite 81	0



November 30, 2022

VIRGINIA PAPPAFOTIS KELLER WILLIAMS SUCCESS REALTY 7923 PANAMA CITY BEACH PKWY PANAMA CITY BEACH, FL 32407

SUBJECT: ANCOSHORES, LLC Ref. Number: L06000018569

We have received your document for ANCOSHORES, LLC 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 form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 222A00026401

Neysa Culligan Regulatory Specialist III

2022 DEC 15 PK 1:56

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 DEC 15 AM 8: 14

Ancoshores, LLC		Section bearing as a proper
(Name of the Limited Llabili (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	HALL ATTASSEF, FE
The Articles of Organization for this Limited Liability C Florida document number <u>40600018569</u>	company were filed on $3/6i/200$	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter th	ie name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida Zip Code
New Registered Agent's Signature, if changing Registere		Δφ 0
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registered	and agree to act in this capacity. I furti omplete performance of my duties, and gent as provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

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>	Name	<u>Address</u>	Type of Action
MGR	Virginia Pappafotis	6584 Bridge Water Way Unit 30	Parara Cy Back MAdd FL 3246
			□Remove
			DChange
AMBR Eugene Rivers	714 Summerbrooke DR Tallahassee, FL 32312	□Add	
	Tallahassoc, FL 32312	□Remove	
		Change	
		🗀 Add	
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_				(optional)	
Note: If t	t date, if other than the date of the date is listed, the date must be spective date inserted in this block doesn's effective date on the Department	es not meet the applica	to date of filing or more able statutory filing r	than 90 days after filing equirements, this date	g.) Pursuant to 603 e will not be list	6.0207 ed as
Note: If to document specified specified in the specified	the date inserted in this block doe t's effective date on the Department specifies a delayed effective date,	es not meet the application of State's records.	ible statutory filing r	equirements, this date	e will not be list	ed as
<u>Note:</u> If t document	the date inserted in this block doe t's effective date on the Departmo specifies a delayed effective date, .	es not meet the applica ent of State's records. but not an effective tir	ible statutory filing r	equirements, this date	e will not be list	ed as
Note: If t document record spread is filed.	the date inserted in this block doe t's effective date on the Department specifies a delayed effective date,	es not meet the applica ent of State's records. but not an effective tir	ne, at 12:01 a.m. on	equirements, this date	e will not be list	ed as

Filing Fee: \$25.00