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SEP 27 2018

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:		ANCH LLC	- 1
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	LLoya	Name of Person	<i>√</i>
		Name of Person	
	Double	G RANCE Firm/Company	LLC
	14350	SR SO	\$7.
	Mosrisi	TON FL	32468
	-JG Cape E-mail address: (1)	City/State and Zip Code 100 Eq. Maso 100 be used for future annual report notific	cation)
For further information con	cerning this matter, please ca		
Lloyd Name of P	erson	at (845) 578 Area Code Daytime	S 0673 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILIN	IC ADDRESS:	STREET/COURIE	R ANNRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Double GR	anch LCC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{SQI}{I}$ $\frac{18}{2018}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation LLC or the abbreviation LLC.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	SEP STORE
	2 22
Enter new mailing address, if applicable:	AH 00
(Mailing address MAY BE A POST OFFICE BOX)	5
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the l</u> e:
registered agent and/or the new registered office address	
Name of New Registered Agent:	
New Registered Office Address:	
new Registered Office Address.	Enter Florida street address
	. Florida
	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 Type of Action Title MGR Davielle Whitten 20 Elpherdon DR. Madd
Parghleefsis NY Remove 12603 Change 1 Add ■ Remove B Change Add Add Remove Change __ _ Add ☐ Remove ¥i. Change 1 Add - Remove Change 🛚 Add Remove Change

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Filing Fee: \$25.00