# L09000114079

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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10/04/13--01035--020 \*\*25.00

SECRETARY OF STATE

OCT 10 2013 D. ERUCE



October 7, 2013

BILL PRICE PDR CPAS 29750 U.S. HIGHWAY 19N, SUITE 101 CLEARWATER, FL 33761

SUBJECT: ANCHOR EQUITIES, LLC

Ref. Number: L09000114079

We have received your document for ANCHOR EQUITIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 413A00023472

0CT -4 AHII: 18

# **COVER LETTER**

TO: Registration Se Division of Cor ANC			ge	••	•
SUBJECT:	Name of Limit	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Bill Price				
		Name of Person			
	PDR CPAs				
		Firm/Company			
29750 U.S. Highway 19N, Suite 101					
		Address			
	Clearwater, FL 3376	1			
	webstermp3@mac.c	City/State and Zip Code om			
	E-mail address: (t	o be used for future annual report notificat	ion)	OCT ARY	- CHESTING
For further information of	concerning this matter, please c	all:		; • 1	
Milton P. Webster,	III	303 478-0999		AT II: IO	
Name o	of Person	Area Code & Daytime To	elephone Number	- <del>α</del>	5
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

## ANCHOR EQUITIES, L.L.C.

(Name of the Limited	Liability Com	pany as it now appears on o d Liability Company)	ur records.)	<del></del>
The Articles of Organization for this Limited Li LO9000114079  Florida document number		11/30/20	009	nd assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, <u>enter the new name of</u> N/A	the limited li	ability company here:		
The new name must be distinguishable and end with L.L.C."	h the words "Li	mited Liability Company," th	ne designation "LLC"	or the abbreviat
Enter new principal offices address, if applica		N/A		
Principal office address MUST BE A STREE	<u>T ADDRESS)</u>			) F
Enter new mailing address, if applicable:		N/A	ENT DE	001-
Mailing address MAY BE A POST OFFICE I	BOX)	-	EEFFLORIO.	<b>X X</b>
3. If amending the registered agent and/oregistered agent and/or the new registered of			ecords, enter the n	ame of the r
Name of New Registered Agent:	N/A			<del></del>
New Registered Office Address:		Enter Flo	orida street address	
	····		, Florida	
		City	Zij	o Code

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Name</u>	Address	Type of A
MILTON P. WEBSTER TILL : HICHAEL L. WEBSTER	2009 Irrev. Tr. Dtd 12/21/2009, Trustee	_ 🗹 A
	7445 Meadowland Place, #301	
	Cincinnati, OH 45244	<u>~</u>
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	October 3	2013
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		member or authorized representative of a member
	Miltor	P. Webster, III
		Typed or printed name of signee
		Page 3 of 3

Filing Fee: \$25.00

TILE IN 18 OCT -4 AM II: 18