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(Re	equestor's Name)	
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EXAMINER



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SECRETARY OF STATE.
ALLAHASSEE FISHE.

## **COVER LETTER**

TO:	Registration Section Division of Corporation			
SUBJE	CT·	CNC TECH	HLC	•
			ed Liability Company	
The end	closed Articles of An	nendment and fee(s) are subr	mitted for filing.	
Please 1	return all corresponde	ence concerning this matter (	to the following:	
			11 CHAL MARCZYK Name of Person	
			Name of Person	
			Firm/Company	
		2218	BALSAN WAY Address	
			TON F.L. 33414  City/State and Zip Code  91 @ hotmail, com	
	-	mike 70 E-mail address: (to	o be used for future annual report notification	ion)
For fur	ther information cond	cerning this matter, please ca	all:	
	MICHAL		at (561) 713-774	<u>/</u>
	Name of Pe	erson	Area Code & Daytime Te	elephone Number
Enclose	ed is a check for the t	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CNC TECH		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
ANCHOR HOLDINGS LC		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:	WELLINGTON F	WXY
(Principal office address MUST BE A STREET ADDRESS)	WELLINGTON F.	L. 33414
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		11 APR 20 SECRETARY TALLAHASSEE
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter	Me name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
	, Florida	<u>-</u>
	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 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

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Filing Fee: \$25.00