## #4/3000007630

| (Requestor's Name)                      |
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| (Address)                               |
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| PICK-UP WAIT MAIL                       |
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|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
| Octanica dopies                         |
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| Special Instructions to Filing Officer: |
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Office Use Only



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2015 JUN -8 PH 4: 02

K.SALY EXAMINER EXAMINER 9 2015

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |   |  |
|--|---|---|--|
| anchor tool SUBJECT:                   | and repair  |   |  |
|  | Name of Limi  | ited Liability Company  |  |
|  |   |   |  |
| The enclosed Articles of               | Amendment and fee(s) are sub-                       | mitted for filing.  |  |
| Please return all correspo             | ndence concerning this matter                       | to the following:   |  |
|  | zachary stephens                                    |   |  |
|  |   | Name of Person  | · · · · · · · · · · · · · · · · · · ·  |
|  | anchor tool and repair                              |   |  |
|  | - <u>.</u>  | Firm/Company  | <del></del>  |
|  | anchor tool and repair                              |   |  |
|  |   | Address   | · · · · · · · · · · · · · · · · · · ·  |
|  | 4421 30th street west unit                          | 1 a bradenton fl 34207  |  |
|  |   | City/State and Zip Code   |  |
|  | valwayssunday@yahoo.com                             |   |  |
| For firther information a              | e-mail address: () oncerning this matter, please ca | to be used for future annual report notificall.                     | cation)  |
|  | oncerning this matter, please of                    |   |  |
| victor                                 |   | 813 629 6940<br>at ()<br>Area Code Daytime                          | Telephone Number   |
| Name o                                 | f Person  | Area Code Daytime   | Telephone Number   |
| Enclosed is a check for the            | he 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

| ,   | CLES OF ORGANIZATION OF   | 2015 JUN-8 PH 4:02                 |
|---|---|------------------------------------|
|   |   | 2015 JUN -0                        |
| anchor tool repair  |   | O PH 4:00                          |
| ( <u>Name of the Limited</u><br>(A  | Liability Company as it now appears on our referred Liability Company)  bility Company were filed on 01/15/2013 | CORD. TALLAHASSEE, EL STATE        |
| The Articles of Organization for this Limited Liab<br>Florida document number <u>L13000007630</u> | oility Company were filed on 01/15/2013   | and assigned 10x                   |
| This amendment is submitted to amend the follow   | ving:   |                                    |
| A. If amending name, enter the new name of t  | he limited liability company here:  |                                    |
| The new name must be distinguishable and contain the wor  | ds "Limited Liability Company," the designation   | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applical  | ole:  |                                    |
| (Principal office address MUST BE A STREET  | ADDRESS)  |                                    |
| Enter new mailing address, if applicable:   |   |                                    |
| (Mailing address MAY BE A POST OFFICE B   | <u></u>   |                                    |
| B. If amending the registered agent and/or registered agent and/or the new registered offi        |   | ords, enter the name of the new    |
| Name of New Registered Agent:   | Zachary fletcher Stephens   |                                    |
| New Registered Office Address:  | 4421 30th st w unit 1 a   |                                    |
|   | Enter Florida street a  | ddress                             |
|   | bradenton   | , Florida <u>34207</u>             |

## 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.

City

If Changing Registered Agent, Sensiture 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> | <u>Name</u>  | Address                                 | <b>Type of Action</b>    |
|--------------|--|---|--------------------------|
| mgr          | andrew iden stephens   | 2032 29 ave w bradenton fl 34205        | Add                      |
|              |  |   | ■ Remove                 |
|              |  | <del> </del>                            | ☐ Change                 |
| mgr          | zachary fletcher stephens  | 4900 n tamiami trail sarasota fl 342 34 |                          |
|              |  |   | Remove                   |
|              |  | <del> </del>                            | ☐ Change                 |
|              |  |   | Add                      |
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| E. Effect  | tive date, if other than the date of filing:   |
| (If an eff | fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed |
|            | nent's effective date on the Department of State's records.  |
| 76.41      |  |
|            | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed.   |
|            |  |
| Dated      | 06/03/2015   |
|            | 1.110  |
|            | / // #// <del>/ **</del> /   |
|            | Signature of a instable of authorized representative of a member   |

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Filing Fee: \$25.00