L13000129363

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	Registration Se Division of Cor			**
SUBJEC	Anchored A	appliance Repair & Service LL	c * # #	
			ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Charles J. Keyt		
			Name of Person	· ·············
		Anchored Appliance Repair	ir & Service LLC	
			Firm/Company	
		2614 Avenue G NW		
			Address	
		Winter Haven, FL 33880		
			City/State and Zip Code	
		anchoredoffice@gmail.com		
		E-mail address: (to be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please ca	all:	
Charles J	I. Keyt		863 618-5355 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida l	y Company as it now appears of Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Co Florida document number £13000129363	ompany were filed on $\frac{03/06i}{2}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	;
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
Principal office address MUST BE A STREET ADDRI	ESS) 2614 Avenue G NV	w 2
	Winter Haven, FL.	33880
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		- FED
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	ords, enter the name of the new regis
- 10 minutes the new registered writer address here:		
Name of New Registered Agent:		
New Registered Office Address: 2614 A	venue G NW	
Togastica Office Paditions.	Enter Florida	r street address
Winter	Haven	. Florida ³³⁸⁸⁰
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Anchored Appliance Repair & Service L.L.C.

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

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	Type of Action
MGR	Robyn Keyt	PO Box 7297 Tallahassee, FL 32314	■Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add 2821 □ Effermoye
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			□Remove
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			□Change
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: If the date inserted in this b ment's effective date on the E	st be specific and cannot be prior to date of filing or to ock does not meet the applicable statutory filing epartment of State's records.	ing requirements, this date will not be listed
ord specifies a delayed effectiv filed.	e date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
Innua - Oth	2021	
January 8th		
d January 8th	$\sum_{i=1}^{n}$	