

L15000138166

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

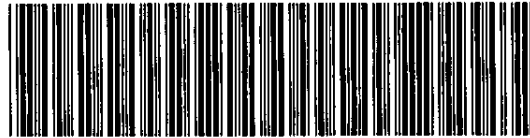
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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OCT 14 2015  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANCHOR INN LAND ASSOCIATES, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT E KRUEGER  
Name of Person

Firm/Company

7744 CADBA COURT  
Address

LAKE WORTH FLORIDA 33467  
City/State and Zip Code

BLUEDIAMONDTILE17@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT E KRUEGER at (561) 436-9113  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

ANCHOR INN LAND ASSOCIATES, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/12/2015 and assigned Florida document number L15000138166.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BONNIE S. WILL	1105 FLORENTINE WAY	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH, FL, 33426	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
TREASURY	BONNIE S. WILL	1105 FLORENTINE WAY	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH, FL, 33426	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
SECRETARY	BONNIE S. WILL	1105 FLORENTINE WAY	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH FL 33426	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	CARARET MANAGEMENT ASSOCIATES, LLC	2412 FLORAL RD	<input type="checkbox"/> Add
		LANTANA FLORIDA 33462	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	ANCHOR INN ASSOCIATES LLC	2412 FLORAL RD	<input type="checkbox"/> Add
		LANTANA, FLORIDA 33462	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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5 OCT 12 11:12 AM  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

15 OCT 12 AM  
SECRETARY OF  
TALLAHASSEE,

FILED  
15 OCT 12 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 10/7/15, \_\_\_\_\_.

Robert E. Huger  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

ROBERT E KRUEGER  
Typed or printed name of signee

Typed or printed name of signee