# L15000159721

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Anchor Employment Solutions, 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:
JASON Cintron Name of Person
Anchor Employment Solutions, LLC
422 Hurster Cir
Rissimme, A 34 758  City/State and Zip Code
Tasant cintron @ amail. cm E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ta Son Cintron  at (407) 928-2689  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  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

FILED

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4	,		SECRETARY OF STATE
Anchor Empl	ou ment	Solutions	TALLAMASSE, FLORIUA
Anchor Employment (Name of the Limited Li	ability Company as it orida Limited Liability	t now appears on our reco y Company)	ords.)
The Articles of Organization for this Limited Liabili		filed on $\frac{2}{\sqrt{2}}$	and assigned
Florida document number <u>L150001</u> 59	<u>121</u> .		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the			
The new name must be distinguishable and contain the words	ete Solu	tions, LLC	
The new name must be distinguishable and contain the words	Limited Liability Cor	mpany," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:		
Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or r	v	address on our reco	rds, enter the name of the ney
registered agent and/or the new registered office	address here:		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			<del></del>
		Enter Florida street add	ress
_		· · · · · · · · · · · · · · · · · · ·	Florida Zip Code
	C.	lity	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 adde or removed from our records:				
MGR = M $AMBR = A$	lanager authorized Member			
<u>Title</u>	Name	Address	Type of Action	
<del> </del>				
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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an ef Note:	tive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear e 90th day after the record is filed.	lier of:
Dated	12/8/15	
	Signature of a member or authorized representative of a member	
	Jason Cintron Typed or printed name of signee	

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Filing Fee: \$25.00