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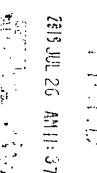
(Requestor's Name)
(Address)
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(Business Entity Name)
(Business Entry Name)
(Document Number)
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COVER LETTER

TO:

TO:	Registration Section Division of Corporations							
en te	Anchor Bay Financial LLC							
SUBJE	····	Name of Limi	ted Liability Company					
The enc	losed Articles of	Amendment and fee(s) are subr	nitted for filing.					
Please r	eturn all correspo	ndence concerning this matter t	to the following:					
		Tina Christman						
		Anchor Bay Financial LLC	Name of Person					
		4641 Mitchell Rd.	Firm/Company					
		Land O Lakes FL 34638	Address					
		City/State and Zip Code Tina@anchorbayfinancial.com						
Car firm	has information o	E-mail address: (concerning this matter, please co	to be used for future annual report no	iffication)				
	hristman	oncerning this matter, prease co	813 270-5229					
	Name o	of Person	at () Area Code Daytii	me Telephone Number				
Enclose	ed is a check for t	he following amount:						
\$25	5.00 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				
		ANG ADDRESS:	STREET/COUR Registration Sect	RIER ADDRESS:				

Division of Corporations

Tallahassee, Ft. 32314

P.O. Box 6327

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anchor Bay Financial LLC				
(Name of the Limit	led Liability Compa (A Florida Limited I	ny as it now appears on ou liability Company)	r records.)	_
The Articles of Organization for this Limited L Florida document number L16000216682	iability Company	were filed on 07/23/20	19 and	assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applic	rable:	4641 Mitchell Rd.		
(Principal office address MUST BE A STREET ADDRE		Land O Lakes FL 340	638	
Enter new mailing address, if applicable:		4641 Mitchell Rd	20	-3 a-2 B
(Mailing address MAY BE A POST OFFICE	BOX)	Land O Lakes FL 34	638	
				<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the nai	ne of the new
Name of New Registered Agent:		 -		
New Registered Office Address:	4641 Mitchell	Rd.		
		Enter Florida stre	vet address	
	Land O Lakes		Florida 34638	
		City	Zip Ci	nde

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 addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
-			🗖 Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			☐ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			☐ Remove
			☐ Change

(If an e <u>Note</u>	ctive date, if other than the date of filing:
the r o) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier see 90th day after the record is filed.
Date	July 23rd 2019 d
17.110	
	Signature of smember of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00