L17000054368

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COVER LETTER

TO:	Registration Sec Division of Corp					
CHDIE	11325 Fish l	Net, LLC				
SUBJE		Name of Lim	ited Liability Company			
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspor	ndence concerning this matter	to the following:			
		Thomas D. Wright, Esq.				
			Name of Person			
Law Offices of Thomas D. Wright, Chartered						
			Firm/Company			
		9711 Overseas Highway				
		<u> </u>	Address			
		Marathon, FL 33050				
			City/State and Zip Code			
		suc@keysclosings.com E-mail address: (to be used for future annual repo	ort notification)		
For furt	her information co	encerning this matter, please ca	_			
Susan I	Lovley		305 743-8	118		
	Name of	Person	Area Code 1	Daytime Telephone Number		
Enclose	ed is a check for the	e following amount:				
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	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

11325 Fish Net, LLC (Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/08/2017}{1}$ and assigned Florida document number L17000054368 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ANCHOR AVE, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 11324 4th Avc., Ocean Enter new principal offices address, if applicable: Marathon, FL 33050 (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 City 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ran effective date is listed, the da Note: If the date inserted in t	te must be specific and cannot be prior this block does not meet the application.	ble statutory filing require	ments, this date wil	Irsuant to 60 Il not be lis	ited
document's effective date on	the Department of State's records.				
	ayed effective date, but not	an effective time, at	12:01 a.m. on	the earli	ier
The 90th day after the	record is illed.				
May I,	2017				
Dated May 1,		<u> </u>			

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Typed or printed name of signee

Filing Fee: \$25.00