

L17000175612

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

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

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

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2017 SEP 25 PM 1:42  
CLERK OF COURT  
CLERK OF COURT

K SALY  
SEP 26 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ANCORA 21 SERVICES 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:

JOETHER E HERNANDEZ

\_\_\_\_\_  
Name of Person

ANCORA 21 SERVICES LLC

\_\_\_\_\_  
Firm/Company

6147 OAK CLUSTER CIR

\_\_\_\_\_  
Address

TAMPA, FL 33634

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOETHER E HERNANDEZ

813 570-9802  
\_\_\_\_\_  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" 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**

ANCORA 21 SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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2017 SEP 25 PM 1:43

The Articles of Organization for this Limited Liability Company were filed on 8/16/17 and assigned  
Florida document number L17000175612

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: \_\_\_\_\_

Joether E Hernandez

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>
MGR	JOETHER E HERNANDEZ	6147 OAK CLUSTER CIR	<input type="checkbox"/> Add
		TAMPA, FL 33634	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	YORLETT K TOVAR	6147 OAK CLUSTER CIR	<input type="checkbox"/> Add
		TAMPA, FL 33634	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TAMPA FL 33634  
STATE OF FLORIDA  
DEPT. OF REVENUE

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

REMOVE THE SR FROM THE NAME OF THE REGISTERED AGENT TO READ JOETHER E

HERNANDEZ

2017 SEP 25 PM 1:43  
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CLERK OF SUPERIOR COURT  
ALBUQUERQUE, N.M.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 August 30 2017

Joether Hernandez  
Signature of a member or authorized representative of a member

Joether E Hernandez

\_\_\_\_\_  
Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 6, 2017

ANCORA 21 SERVICES LLC  
JOETHER E HERNANDEZ  
6147 OAK CLUSTER CIR.  
TAMPA, FL 33634

SUBJECT: ANCORA 21 SERVICES LLC  
Ref. Number: L17000175612

We have received your document for ANCORA 21 SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To correct the Registered Agents name by removing the "SR" from the filing, you must fill in the hi-lited areas and sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 217A00018384

2017 SEP 25 PM 1:50

TALLAHASSEE, FLORIDA