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COVER LETTER

TO:	Registration Se Division of Cor					
	BLUEAN	CHOR HOMES, LLC	•			
SUBJE	СТ:	Name of Limi	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		LEE WOOD				
			Name of Person			
			Firm/Company			
		PO BOX 3614				
		Address				
		PENSACOLA, FL. 32516	,			
		LEEBLUEANCHOR@GN	City/State and Zip Code 1AIL.COM			
		E-mail address: (t	to be used for future annual re	port notification)		
For furt	her information co	oncerning this matter, please ca	all:			
MALV	VOOD			-0824		
	Name of	Person	at () Area Code	Daytime Telephone Number		
Enclose	d is a check for th	ee following amount:				
□ \$25	.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)		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE ANCHOR HOMES, LLC

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company v. Florida document number	were filed on 5-14-2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	1550 CREIGHTON RD. SUITE 3 PENSAC	OLA, FL. 32504
(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 adagent and/or the new registered office address here:	ddress on our records, <u>enter the name</u>	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	City	Zīp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am for vovided for in Chapter 605, F.S. Or,	amiliar with and if this document is

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

. MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	YOHAN CHO	2093 SEQUOIA CIR. PENSACOLA, FL 32526	= Add
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Tective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the December 1.	ock does not meet the applicable	late of filing or more than 90 e statutory filing requiren	(optional) Odays after filing.) Pursuant to 605,020 nents, this date will not be listed as
ecord specifies a delayed effective is filed.	date, but not an effective time	, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
JULY 8TH	2020		
ited			
ited		ed representative of a memb	ner

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