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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

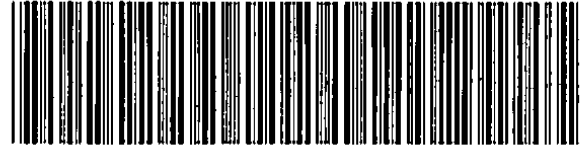
(Business Entity Name)

(Document Number)

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V. SULKER

SEP 03 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANCHOR WEST DEVELOPMENT, 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:

Joshua Margolis, Esq.

Name of Person

JOSHUA MARGOLIS, PLLC

Firm/Company

657 Juniper Place

Address

Wellington, FL 33414

City/State and Zip Code

jmargolis@clubhouseprivatewealth.com

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

For further information concerning this matter, please call:

Joshua Margolis

Name of Person

at (305)

Area Code

600-3016

Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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	Manuel Serrano	572 Sawgrass Point	<input type="checkbox"/> Add
		Jupiter, FL 33458	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Clubhouse Private Wealth Insurance & Consulting Services, LLC	469 Conservation Drive	<input checked="" type="checkbox"/> Add
		Weston, FL 33327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joshua Margolis, PLLC	657 Juniper Place	<input checked="" type="checkbox"/> Add
		Wellington, FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

Lined area for amending information.

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)

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 20, 2019

Signature of a member or authorized representative of a member

JOSHUA MARGOLIS, PLLC
By: Joshua Margolis, its Manager

Typed or printed name of signer