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# **COVER LETTER**

SUBJECT: ANCHOR	WEST DEVELOPMENT, LL	С	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joshua Margolis, Esq.		
		Name of Person	
	JOSHUA MARGOLIS, P	LLC	
		Firm/Company	<del> </del>
	657 Juniper Place		
		Address	
	Wellington, FL 33414		
	jmargolis@clubhousepriva	City/State and Zip Code stewealth.com	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information e	oncerning this matter, please ca	all:	
Joshua Margolis		at (_305) _600-3016	
Name o	f Person		Telephone Number
Enclosed is a check for the	he 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** 

TO:

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

ANCHOR WEST DEVELOPMENT, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ 07/30/2018 \_\_ and assigned Florida document number \_\_\_\_L18000182179 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." 469 Conservation Drive Enter new principal offices address, if applicable: Weston, FL 33327 (Principal office address MUST BE A STREET ADDRESS) 469 Conservation Drive Enter new mailing address, if applicable: Weston, FL 33327 (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 registered agent and/or the new registered office address here: Clubhouse Private Wealth Insurance & Consulting Services, LLC Name of New Registered Agent: 469 Conservation Drive New Registered Office Address: Enter Florida street address

### 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.

City

Weston

If Changing Registered Agent, Signatore of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Manuel Serrano	572 Sawgrass Point	
		Jupiter, FL 33458	■ Remove
			☐ Change
MGR	Clubhouse Private Wealth Insurance & Consulting Services, LLC	469 Conservation Drive	■ Add
		Weston, FL 33327	Remove
			☐ Change
AMBR	Joshua Margolis, PLLC	657 Juniper Place	≅ Add
		Wellington, FL 33414	□ Remove
			☐ Change
			Add
			🔲 Remove
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E. Effe	ctive date, if other t	han the date of fili	ng:		(optional)	
(If an	effective date is listed, the	date must be specific a	nd cannot be prior to	date of filing or more the	han 90 days after filing.	) Pursuant to 605.02 will not be listed
<u>Not</u>	e: If the date inserted ument's effective date	on the Department of	. meet the applicati EState's records.	le statutory fitting rec	quirenents, uns care	Will not be inside
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If the r	record specifies a	delayed effective	date, but not a	an effective time	e, at 12:01 a.m.	on the earner
(0) 11	he 90th day after	the record is the	1.			
	August 20		2019			
Date	ed		_,	_ •		
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		Signature of	a member or authori	zed representative of a	member	<del></del>
		Signature of	a member or authori		member	

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