48000292193

(R	equestor's Name)	
(A	ddress)	
A)	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of Sta	tus
Special Instructions to	o Filing Officer;	
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I ALBRITTON



TO:	Registration Section
	Division of Corporations

SUBJECT:	ANCHOR S	MANAGEMENT SPACE COA	AST, LLC	
, (CDJ), (C)		Name of Limi	ited Liability Company	
The enclosed	f Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Lynn Whelpley		
		AHR Real Estate	Name of Person	
		1900 S Harbor City Blvd S	Firm/Company Juite 215A	
		Melbourne, FL 32901	Address	
		brevardbroker@gmail.com	City/State and Zip Code	
			to be used for future annual report noti-	fication)
For further in	nformation co	oncerning this matter, please ca	ıll:	
Lynn Whelp	oley		321 544,9380	
	Name o	l'Person	at () Area Code Daytim	e Felephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	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



September 12, 2019

LYNN WHELPLEY AHR REAL ESTATE 1900 S HARBOR CITY BLVD - STE. 215A MELBOURNE, FL 32901

SUBJECT: ANCHOR MANAGEMENT SPACE COAST, LLC

Ref. Number: L18000292193

We have received your document for ANCHOR MANAGEMENT SPACE COAST, 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):

The last page is missing.

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

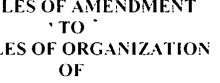
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

2019 SE? 23 FH 12: 2

Letter Number: 319A00018908

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



ANCHOR MANAGEMENT SPACE COAST, 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 12/27/2018 and assigned
Florida document number L18000292193	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1900 S Harbor City Blvd
(Principal office address MUST BE A STREET ADDRESS)	Suite 215A
	Melbourne, FL 32901
Enter new mailing address, if applicable:	same as above
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
At the fact that the second of	

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>	Type of Action
AMBR	BOND, P. JOHN	8931 LAKE DRIVE #506 CAPE CANAVERAL, FL 32920	
			■ Remove
			□ Change
MGR Lynn Whelpley	Lynn Whelpley	1900 S. Harbor City Blvd Suite 215A. Melbourne, FL 32901	
			Remove
			☐ Change
			Remove
			Change
			🗆 Add
		 	Remove
			☐ Change
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If an effec Note: It	e date, if other than the date of filing:
ne reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Oth day after the record is filed.
Dated _	Sept. 18 2019.
	Signature of a member or authorized representative of a member
	Lynn Whelpley
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00