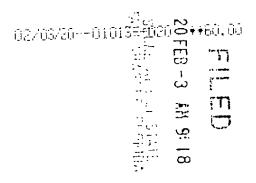
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(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL.
(Bus	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





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COVER LETTER

Tallahassee, FL 32314

	tration Sec on of Corp		
SUBJECT: _	MCHOR F	HOLDINGS LLC	
SUBJECT: _		Name of Lin	nited Liability Company
The enclosed A	articles of A	Amendment and fee(s) are sub	omitted for filing.
		ndence concerning this matter	
		Timothy F Rogers	
		-	Name of Person
		Anchor Accounting Service	ces LLC
			Firm/Company
		2509 NE 31st Terrace	
			Address
		Ocala FL 34470	
			City/State and Zip Code
		tim@ocalataxprep.com	to be used for future annual report notification)
For further infor	rmation co	ncerning this matter, please c	·
Timothy F Roge	ers		352 812-4097
	Name of	Person	at () Area Code Daytime Telephone Number
Enclosed is a ch	ieck for the	e following amount:	
□ \$25.00 Filir	ng 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)
Regist	g Address: tration Se	ection	Street Address: Registration Section
	юн от Со Зох 6327	orporations	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMCHOR HOLDINGS LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	company as it now appears on our r nited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Com Florida document number L20000027160	pany were filed on 1/21/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
Anchor Holdings of Florida LLC		
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 ADDRES	<u> </u>	
		20
		ור 🐯 דו
Enter new mailing address, if applicable:		2. L
Mailing address MAY BE A POST OFFICE BOX)		
		D
	_	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Mice address on our records, <u>c</u>	enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	address
	Mier i ioi na Meer t	
	City	Florida Zin Code
	City	Zifi Cone

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 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>	Address	Type of Action
			□ Remove
			□Remove
			□Change
			□Add
			Remove 3 Change
			S Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Change

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tive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to date If the date inserted in this block does not meet the applicable s	

Dated _____ 30 2020 Signature of a member or authorized representative of a member Juan T Bengoa Jr Typed or printed name of signee