

L20000067894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

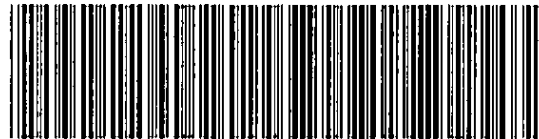
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAR 18 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2021

CRISTY RIVERA  
323 W COLUMBIA AVE  
APT A  
KISSIMMEE, FL 34741

SUBJECT: ANARCHY PROPERTY REMODELING, LLC  
Ref. Number: L20000067894

We have received your document for ANARCHY PROPERTY REMODELING, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P19000032145.

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.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 821A00003807

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Anarchy Property Remodeling, 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:

Cristy M. Rivera  
Name of Person

Anarchy Property Remodeling, LLC  
Firm/Company

323 W. Columbia Ave. Apt A.  
Address

Kissimmee FL 34741  
City/State and Zip Code

anarchypropertyremodeling@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristy M. Rivera at (407) 960-9682  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount.

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

New

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Anarchy Property Remodeling, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2021 MAR 17 PM 2:29

The Articles of Organization for this Limited Liability Company were filed on February 29, 2021 and assigned Florida document number L20000067894.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Anarchy General Services, 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

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

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

new email.

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anarchygeneralservices@gmail.com

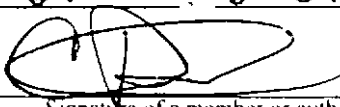
E. Effective date, if other than the date of filing: February 29, 2021 (optional)

(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)(b)

**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 February 21, 2021



Signature of a member or authorized representative of a member

Cristy M. Rivera

Typed or printed name of signer