

**Florida Department of State**  
**Division of Corporations**  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : R&P ACCOUNTING AND TAXES INC  
Account Number : I20170000090  
Phone : (305)358-1310  
Fax Number : (305)503-6701

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: arod8723@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**ANCHOR SF PROPERTIES LLC**

Certificate of Status	0
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C. BRUMBLEY

OCT 26 2022

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Corporate Filing Menu

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SECRETARY OF STATE  
 TALLAHASSEE, FL

2022 OCT 25 PM 6:25

FILED

2022 OCT 25 PM 3:12

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANCHOR SF PROPERTIES LLC

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

FILED  
2022 OCT 25 PM 6:25  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/19/2020 and assigned  
Florida document number L20000255198

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."

Enter new principal offices address, if applicable:

8716 NW 25th CT

(Principal office address **MUST BE A STREET ADDRESS**)

CORAL SPRINGS, FL 33065

Enter new mailing address, if applicable:

8716 NW 25th CT

(Mailing address **MAY BE A POST OFFICE BOX**)

CORAL SPRINGS, FL 33065

**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:

MARIA ISABEL GARCIA

New Registered Office Address:

8716 NW 25th CT

Enter Florida street address

CORAL SPRINGS

Florida 33065

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

**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>
AMBR	ANDRES MENDEZ	8716 NW 25 CT	<input type="checkbox"/> Add
		CORAL SPRING, FL 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIA ISABEL GARCIA	8716 NW 25 CT	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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**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 10/25 2022

Signature of a member or authorized representative of a member

MARIA ISABEL GARCIA

Typed or printed name of signee