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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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

(Name of the Limited Liabilli	ty Company as it now appears on our records.) Limited Liability Company)	
(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 10/13/2020	and assigned
Florida document number L20000324038	·	
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company." the designation "LLC" of	the abbreviation "L,L,C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
•		
Enter new mailing address, if applicable:	and the second s	and the second s
(Mailing address MAY BE A POST OFFICE BOX)		
	The state of the s	
B. If amending the registered agent and/or registered	d office address on our records, enter the	e name of the new regi
agent and/or the new registered office address here:		
	•	•
Name of New Registered Agent:		<u> </u>
		•
Ni Desistened Office Address.		
New Registered Office Address:	Enter Florida street oddress .	
New Registered Office Address:	Enter Florida street uddress .	

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>	Name	Address	Type of Action
MGR	Maria Isabel Garcia	818 SE 4TH CT	\alpha Add
		DEERFIELD BEACH, FL 33441	□Remove
			Change
			□Remove
	· ·		Change
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			Change

Andres Mendez	MANAGER	90%
Maria Isabel Garcia	MANAGER	10%
<u>, </u>		
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		به داده و به داده و دوره شیره این به

·		
ive date, if other than the date	e of filing: pecific and cannot be prior to date of filing or more	(optional)
If the date inserted in this block of	loes not meet the applicable statutory filing to	equirements, this date will not be lis
ent's effective date on the Depart	ment of State's records.	
d specifies a delayed effective dat	e, but not an effective time, at 12:01 a.m., on	the earlier of: (b) The 90th day after
led,		
10/26	12020	<u> </u>
		7