## LZO 000352877

(	(Requestor's Name)	
	(Address)	
	(Address)	<del></del>
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
		5/24/21 TM

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21 4PR -2 PN 2: 47

## **COVER LETTER**

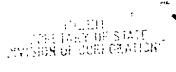
TO: Registration S Division of Co			
oun incor.	Anchor Apple,	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Abe	Name of Person	
	Anch	or Apple, LL	<u></u>
		Firm/Company	
	209 Colony	Springs Lane	
	,	Address	
	Maitland	City/State and Zip Code  Charles O. Co.	5 /
		City/State and Zip Code	- <del></del>
	abelbiri	@ Yahoo.co	27
		to be used for future annual report notific	
For further information of	concerning this matter, please ca	all:	
Abe/	Biri	at (407) 509 Area Code Daytime	1-2313
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
<b></b>	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<del></del>	Street Address:	_
Registration		Registration Sect	
Division of C P.O. Box 632		Division of Corpe The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



21 APR -2 PH 2: 47

(Name of the Limited Liability (A Florida	ty Company as it now appea a Limited Liability Company)	rs on our records.)
he Articles of Organization for this Limited Liability C lorida document number <u> </u>		/1/05/2020 and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ited liability company ho	e <u>re</u> :
ne new name must be distinguishable and contain the words "Lim	ited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	
ntou nove mailing add-one if a-disable.		
nter new mailing address, if applicable:  **Additional content of the image of the		<del></del>
Tatting uturess MAT BE A POST OFFICE BOAT		
If amending the registered agent and/or registered	d office address on our r	ecords, enter the name of the new reg
ent and/or the new registered office address here:	-	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Flo	ida street address
	Line? 1 to?	
		, Florida Zip Code
	City	7 in Code

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 21 AFR -2 PH 2: 47

<u>Title</u>	<u>Name</u>	Address	Type of Action
AM <u>BR</u>	Lorenzo Brown	984 Woodcraff Dr. Apopka, FL 32712	ID Add
		Apopka, FL 32710	Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
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			□Add
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			□Change

Attach additional sheets of generalized processions.  21 AFR 2 PR 2: 47  22 AFR 2 PR 2: 47  23 AFR 2 PR 2: 47  24 AFR 2 PR 2: 47  25 AFR 2 PR 2: 47  26 AFR 2 PR 2: 47  27 AFR 2 PR 2: 47  28 AFR 2 PR 2: 47  29 AFR 2 PR 2: 47  20 AFR 2 PR 2: 47  20 AFR 2 PR 2: 47  21 AFR 2 PR 2: 47		्राप्तिक क्षेत्र १: ५७
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Filing Fee: \$25.00