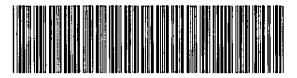
# L20 000391728

(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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### COVER LETTER

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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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANCHOR 4	1971 PS LLC
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000391728</u>	were filed on $12-15-2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2
(Principal office address MUST BE A STREET ADDRESS)	202
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	34957
B. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new registered only mip code was wrong
New Registered Office Address:	Enter Florida street address  Florida 34957  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 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		na	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Tective date, if	other than the date of filing:	(optional)
<u>o<b>te:</b></u> If the date i	nserted in this block does not meet the applicable statutory five date on the Department of State's records.	ling requirements, this date will not be listed a
cament senecti	ve date on the Department of State's records.	
ecord specifies a is filed.	delayed effective date, but not an effective time, at 12:01 a.r.	n, on the earlier of: (b) The 90th day after the
utcd 12	-29-2020,	
	Sandra M. More Signature of a member or authorized representation	adi
	Signature of a member or authorized representat	ive of a member