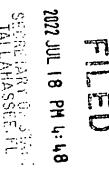
122000152802

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		



900390684749

07/18/22--01020--003 **25.06



Office Use Only

COVER LETTER

TO: Registration Se Division of Co					
Anfield Bri	idge 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:			
	Leighton Williams				
		Name of Person	-		
	Anfield Bridge LLC				
		Firm/Company			
	12144 US Highway 301 N	#146			
		Address			
	Parrish, FL 34219				
	leightonwilliams8@gmail.e	City/State and Zip Code om			
	E-mail address: (to be used for future annual report no	tification)		
For further information of	concerning this matter, please c	all:			
Leighton Williams		561 291-1227			
Name of Person		at ()	ne Telephone Number		
Name (of Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		Street Address:			
Registration Section		Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anfield Bridge LLC

FILED 2022 JUL 18 PM 4: 48

(Name of the Limited Liability Com	pany as it now appears on our records NE (18)
(A Florida Limite	TALLAHASSE STATE
The Articles of Organization for this Limited Liability Compar	ny were filed on March 29, 2022 and assigned
This discharies is submitted to united the following.	
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 "LLC." 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 Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	
The new name must be distinguishable and contain the words "Limited Liz	ibility 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:	12144 US Highway 301 N
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) #146	#146
	Parrish, Fl 34219
	e address on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	, Florida
New Registered Agent's Signature, if changing Registered Ager	nt:

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Leighton Williams	12144 US Highway 301 N	
			≣ ∧dd
		#146	
			Remove
		Parrish, FL 34219	
			Change
AMBR	Samantha Williams	12144 US Highway 301 N	- /
		#146	🗹 Add
			□Remove
		Parrish, Fl 34219	
			□Change
			□Remove
			☐ Change
			□Remove
			Circinove
			□Change
			□Remove
			Change
			\ _ Add
			□Remove

				·			_
							
				·			
						-	_
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			_
	<u>-</u>	···				~	_
			<u> </u>		SEC	2027	
					—————————————————————————————————————	کا ا	
					AS.	8	
					mir. Mu	¥	
 	*					<u> </u>	
					- T	6	
				•			
							_
				-	·		-
							_
ective date, if other than tl	ne date of filing:		*****	(0)	ptional)		0.5.00.0
n effective date is listed, the date m te: If the date inserted in this	block does not me	et the applicable	ate of filing or me statutory filing	ore than 90 days a g requirements,	this date will	not be l	isted a
cument's effective date on the	Department of Sta	te's records.					
		ee	. 12.01	.1 12 0			ο .
	live date, but not ai	a effective time.	at 12;01 a.m. (on the earlier of	: (b) The 90t	h day a	iter the
cord specifies a delayed effect s filed.							
s filed.		2022					
	,	2022					
s filed. July 14		2022					
s filed. July 14	Signature of a me		d representative	of a member			