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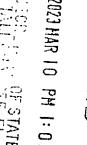
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Special Instructions to Filing Officer: |
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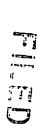
Office Use Only



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Division of Cor | porations | | | | |
|-------------------------------|--|---|--|------------------|--|
| | theast Realty LLC | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | indence concerning this matter | to the following: | | | |
| | Philip Matheny | | | | |
| | • | Name of Person | , | | |
| | Anchor Southeast Realty I | LLC | | | |
| | - | Firm/Company | | | |
| | 1140 SE 12th Street | | | | |
| | | Address | | : <u></u> | 2: |
| | Stuart, FL 34996 | | ; ; | 78. B | 2073 MAR 10 |
| | | City/State and Zip Code | <u>:</u> | | ار الله الله الله الله الله الله الله ال |
| | matheny.matt@yahoo.com | to be used for future annual report notification | | • | • |
| For further information c | oncerning this matter, please c | • | יי ב | | |
| Philip Matheny | | 772 475 5087 | r. | HIT OF | <u>-</u> |
| Name o | f Person | Area Code Daytime Telep | hone Number | | |
| Enclosed is a check for the | ne following amount: | | | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Fili Certificate Certified C (additional c | of Statu Copy | |
| Mailing Addres Registration S | | Street Address: Registration Section | | | |
| Division of C | | Division of Corporat | ions | | |
| P.O. Box 632 | 27 | The Centre of Tallah | assee | | |

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Anchor Southeast Realty, LLC | | | | |
|--|--|---------------------------------------|---|--|
| (Name of the Lim | ited Liability Company as it now appear (A Florida Limited Liability Company) | rs on our records.) | | |
| The Articles of Organization for this Limited Liability Company were filed on February 6, 2023 Florida document number L23000065640 | | | and assigned | |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name | of the limited liability company he | e <u>re</u> : | | |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the c | lesignation "LLC" or the abbre | viation "L.L.C." | |
| Enter new principal offices address, if appli | cable: | | 2023 | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | | |
| | ************************************** | , · | *************************************** | |
| Enter new mailing address, if applicable: | | OF S | 7 7 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 0 | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | | ecords, <u>enter the name o</u> | f the new regis | |
| Name of New Registered Agent: | Joseph H Fritts | · · · · · · · · · · · · · · · · · · · | | |
| New Registered Office Address: | Enter Flo | rida street address | | |
| | | | | |
| | City | , Florida | 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> | Type of Action |
|--------------|----------------|--------------------------------------|----------------|
| MGR | Philip Matheny | 1140 SE 12th Street Stuart FL 34996 | = Add |
| | | | □Remove |
| | | | □Change |
| MGR | Joseph Fritts | 401 SE Alamanda Way Stuart Fl. 34996 | □Add |
| | | | ■Remove |
| | | | □Change |
| | | | 2004dd HAR |
| | | | Remove |
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| | | | □ □ Add |
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| n amending any other infor | mation, enter change(s) here: (Attach) | utational sneets, y necessar <u>y.</u>) | |
|---|--|--|-------------|
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| Note: If the date inserted in this | must be specific and cannot be prior to date of fili | (optional) ng or more than 90 days after filing.) Pursuant to 6 ry filing requirements, this date will not be l | |
| ne record specifies a delayed effeord is filed. | ctive date, but not an effective time, at 12:0 | l a.m. on the earlier of: (b) The 90th day a | fter the |
| Dated March 7 | 2023 | | |
| 7 | ** | entative of a member PATE FLATE | 2022 |
| | Signature of a member or authorized represe | entative of a member | . ==== |
| G | |). · · · 0 | j |
| 4 | Matheny Typed or printed name of si | 辺帯 つ | |