## 123000153367

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	<del></del>
<b>(</b>		
	(0) (0)	
(City	y/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	nel
(= 2.	<b>,</b>	,
(D00	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	Eiling Officer:	-
opecial instructions to i	ining Officer.	
	<u>-</u>	

Office Use Only



200405826192

94/19/23--01002--026 \*\*60.00

STONE OF STATE

: "

2023 APR 19 PM 12: 22

FILED

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	Buy	14 Now, LL nited Liability Company	· <u>C</u> · .
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Suzanne	Name of Person	<del></del>
	<u> </u>	Firm/Company	<del></del>
	4530 St John	15 Ave., 5te 15, Um	F 1 3 3
		Address	22~1
	Jacksonuil	City/State and Zip Code	- 3356
	Koutstan E-mail address: (	City/State and Zip Code  1ey 411 2 9mail.  to be used for future annual report notified.	(om fication)
For further information co	oncerning this matter, please c	all:	
Suzanne K. Name of	Stanley Person	at (904) 571 Area Code Daytime	7 -4252 e Telephone Number R 904-566 - 2540 *
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fcc	□ \$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 Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUY 4 NOW, LL	.C		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 3 4 6 1 5 3 3 6 7</u>	were filed on $3/27/4$	2023 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab  ANCHOR REGIONERY Solu  The new name must be distinguishable and contain the word. "Limited Liabi		r the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	4530 St. Johns Av Unit 133 Jackson uille, Fl		- - 26
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	4530 St. Johns / Unit 133 Jacksonville, F	Ave. Ste 15 L 32210-335	- - - - - - - - -
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:		APR 19	<u>:red</u>
New Registered Office Address:	Enter Florida street address	ED PHIZ: 22	-
<del></del>	, Florid	da 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Кетюче
			□Change
<del></del>			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			🗋 Add
			□Remove
			□Add
		·	□Remove
			Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1) ARTICLE III - change to Asset Recovery
a) " IV - change address to
4530 St. Johns Ave. Ste 15, Unit 133
Jacksonville, FL 32210-3356
3) " V change address to
4530 St Johns Ave, St. 16, Unit 133,
Jacksonville, FL 32210-3356 for both
Thomas + Suzanne Stanley
4 Please amend to add the EIN# 92-3375707
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated April 19, 2023
Sysanne K. Stanley
Dated April 19, 2023  Suparme K. Stanley  Signature of a member or authorized representative of a prember  Suzame K. Stanley  Typed or printed name of signee
Typed or printed name of signee