N24000000759

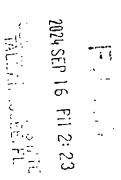
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COVER LETTER

TO: Amendment Section Division of Corporations

PROJECT A NAME OF CORPORATION:	ANCHOR DOWN IN	IC		
N24000000759 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee				-
Please return all correspondence concerning t	this matter to the follo	owing:		
SANFORD, TYLER J				
	(Name of C	ontact Person)		
	(Firm/)	Company)		.
12972 SW 136TH TER	(t ii.ii.	company)		
	(Ad	ldress)		
MIAMI, FL 33186				
	(City/ State	and Zip Code)	.,	
tyler4sanford@gmail.com				
E-mail address: (to	be used for future a	nnual report notificati	on)	
For further information concerning this matte	er, please call:			
HELGOE, JOSH M	_	304 at	380-5680	
(Name of Contac	t Person)	(Area Code) (Daytime Telephor	ne Number)
Enclosed is a check for the following amount	made payable to the	Florida Department o	of State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate of		Copy Cert al copy is Cert (Ad	50 Filing Fee ificate of Status ified Copy ditional Copy is closed)	
Mailing Address		Street Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

PROJECT ANCHOR DOWN INC		,
Name of Corporation as currently filed with the Florida	Dept. of State)	
N24000000759		2024 SEP 16 PH 2: 24
(Document Num	nber of Corporation (if i	known)
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
name must be distinguishable and contain the word "corpo "Company" or "Co," may not be used in the name.	ration" or "incorporate	The new ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		a, enter the name of the
Name of New Registered Agent:		
		Florida street address)
New Registered Office Address:	,.	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered liberature is registered agent. I am		ot the obligations of the position.
	Signature of New Pegis	stured Agent if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John De Y Mike Jo SY Sally Sr	nes		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change Add	<u>VP</u>	GRAHAM, AMELIA L	13806 SW 52ND STREET MIAMI, FL 33175	
x Remove				
2) Change Add	<u>VP</u>	BARJOUD, NICHOLAS G	9900 SW 127TH AVENUE MIAMI, FL 33186	
Remove 3) Remove Add Remove				
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				

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The date of each amendmen date this document was signed	t(s) adoption: i.			·	, if other	than the
Effective date <u>if applicable</u> :	5th SEPTEMBER	2024				
miceuse date ii applicavie:	(no more	e than 90 days afi	er amendment	file date)		
Note: If the date inserted in the document's effective date on the	nis block does not me he Department of St	eet the applicable ate's records.	statutory filing	requirements, this	date will not be listed as	s the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
Dated	29 AUGUST 2024			
Signature				
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)			
	TYLER SANFORD			
	(Typed or printed name of person signing)			
	PRESIDENT AND REGISTERED AGENT			
	(Title of person signing)			