

L12000144950

Florida Department of State
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ANDERSON MIDSTATE INVESTORS, LLC**

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Corporate Filing Menu

K. SALY
EXAMINER

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anderson Midstate Investors, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bernadette M. Dennehy
Name of Person
Dickinson Wright PLLC
Firm/Company
500 Woodward Ave., Suite 4000
Address
Detroit, MI 48226
City/State and Zip Code
BDennehy@dickinsonwright.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bernadette Dennehy 313 223-3451
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2016 MAR -1 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANDERSON MIDSTATE INVESTORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 15, 2012 and assigned
Florida document number L12000144950.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Anderson WPI Investors, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

111 2nd Avenue NE, Suite 1250

(Principal office address MUST BE A STREET ADDRESS)

St. Petersburg, FL 33701

Enter new mailing address, if applicable:

111 2nd Avenue NE, Suite 1250

(Mailing address MAY BE A POST OFFICE BOX)

St. Petersburg, FL 33701

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 office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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

3/1/2016 10:00:26 AM From: To: 8506176383(4/5)

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>	<u>Type of Action</u>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change

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TECHNICAL ASSISTANT
FALLS CHURCH, VA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The address of the Manager is 111 2nd Avenue NE, Suite 1250, St. Petersburg, FL 33701

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ALBANY, NY

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 February 29, 2016

Signature of a member or authorized representative of a member

Adam J. Wallace

Typed or printed name of signee