

L14000091105

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000184104 3)))



H140001841043ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SHUFFIELD LOWMAN
Account Number : I20030000118
Phone : (407) 581-9800
Fax Number : (407) 581-9801

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: REGISTEREDAGENT@SHUFFIELDLOWMAN.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANDERSON SPRINGVIEW, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED
14 AUG -4 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
14 AUG -4 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

(((H14000184104 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANDERSON SPRINGVIEW, 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:

WILLIAM R. LOWMAN, JR.

Name of Person

SHUFFIELD, LOWMAN & WILSON

Firm/Company

1000 LEGION PLACE, SUITE 1700

Address

ORLANDO, FL 32801

City/State and Zip Code

registeredagent@shuffieldlowman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM R. LOWMAN, JR. at 407 581-9800

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

(((H14000184104 3)))

(((H14000184104 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ANDERSON SPRINGVIEW, 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 05/29/2014 and assigned Florida document number L14000091105.

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 end with the words "Limited Liability 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)

3302 Clubside Drive
Longwood, FL 32779

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 office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

FILED
14 AUG -4 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(((H14000184104 3)))

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
<u>MGR</u>	<u>TIMOTHY S. ANDERSON</u>	<u>113 ROSE BRIAR DRIVE</u>	<input type="checkbox"/> Add
		<u>LONGWOOD, FL 32750</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>CAROLE MCCOY</u>	<u>3302 CLUBSIDE DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>LONGWOOD, FL 32779</u>	<input type="checkbox"/> Remove
		<i>Address line *</i>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 AUG - 4 AM 8:32
 SECRETARY OF STATE
 ALLAHASSEE, FLORIDA

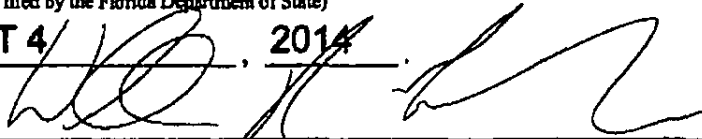
FILED

(((H14000184104 3)))

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 4, 2014



Signature of a member or authorized representative of a member

WILLIAM R. LOWMAN, JR., REGISTERED AGENT

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 AUG -4 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H14000184104 3)))