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SECRETARY OF STATE

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COVER LETTER

	Registration Se Division of Cor						
CHD IE	Anderson I	loldings, ĻLC					
SUBJEC	.1:	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		Michael Anderson					
			Name of Person				
			Firm/Company				
		63 W Underwood St.					
			Address			202	
		Orlando, FL 32806			CRETARY OF	2021 HAY -7 PM 1:59	Company of the Compan
		brendan@andersonailergy.c	City/State and Zip Code				
		E-mail address: (to be used for future annual r	eport notification)	- 왕유	7	4 (C
For furth	er information c	oncerning this matter, please e	all:		SIAT	l: 59	¥ ₂ .
Brendan	Anderson		407 872 at ()	-i110 x 106	<u>г</u>	w w	
	Name o	f Petson	Area Code	Daytime Telephone Num	ber		
Enclosed	Lis a check for th	he following amount:					
≡ \$25.	■ \$25.00 Filing Fee \$\Bigcup \text{\$\$30.00 Filing Fee & Bound Filing Fee & Certificate of Status Certified Copy tadditional copy is enclosed) \$\Bigcup \text{\$\$\$Certified Copy tadditional copy is enclosed)}\$					tus &	
	Mailing Addres	·s:	Street Ad	dress:			
	Registration S	Section	Registra	tion Section			
	Division of C	arnorations	Division	of Corporations			

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 SE(

Anderson Holdings, LLC			AN THE
(Name of the Limite	d Liability Comp	pany as it now appears on our records.)	
The Articles of Organization for this Limited Lia Florida document number L01000007018		y were filed on 5/4/2001	SSEE and a singued
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited lia	bility company here:	
The new name must be distinguishable and contain the we	ords "Limited Liab	pility Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	N/A - same	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	N/a - same	
B. If amending the registered agent and/or re agent and/or the new registered office address		address on our records, enter the t	name of the new registered
Name of New Registered Agent:	N/A - same		
New Registered Office Address:		Enter Florida street address	
	-	, 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>	Name	Address	Type of Action
	N/A - same		□Add
			□Remove
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ective date, if other than the effective date is listed, the date made: If the date inserted in this burnent's effective date on the limits of	lock does not meet	the applicabl				
record specifies a delaye he 90th day after the re		, but not a	in effective	time, at 12	01 a.m. on	the earlier (
March I	20)21				
	an n					
	Signature of a meral	been authoriz	ed representative	of a member		
	ingilities on a them.					

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