## LORDOODIOIOI

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
•				





700239775347

09/21/12--01008--003 \*\*25.00

12 SEP 21 PH 1: 37
SECRULARY OF STATE
SECRULARY OF STATE

D. BRUCE SEP 2 4 2012 EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Andrews LLC Name of Limit	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Willi	am S. Andrews Name of Person	
	An	drews LLC FirmCompany	
	26	04 Rose St.	
		SACASOTA FL City/State and Zip Code	PIL SEP 21
	E-mail address: (	d 34239 (a) AOL, CON to be used for future annual report notification	<u> </u>
For further information	concerning this matter, please of	call:	PH I::
William	S. Andrews	at ( <u>941) 685 - 31</u> Area Code & Daytime Tele	behone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS		

MAILING ADDRESS:

2

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

(Name of the Limited Liability (A Florida	ty Company as it now appears on ou Limited Liability Company)	r records.)		
The Articles of Organization for this Limited Liability  Florida document number	Company were filed on	26/2002 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and end with the wo'L.L.C."	ords "Limited Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		12 SER		
Principal office address MUST BE A STREET ADD	RESS)	SE SE		
		<u> </u>		
Enter new mailing address, if applicable:	PH PH PF S			
(Mailing address MAY BE A POST OFFICE BOX)		<b>≅</b> ≅ <b>∴</b>		
		377 - 4		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ords, <u>enter the name of the new</u>		
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida street address				
	, Florida			
	City	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

-	anaging Member	Adding	True of Astino
<u>Title</u>	Name	Address	Type of Action
marm	William N Andrews Ja	7002 Langley pl University Park, FL 34201	Add _☑ Remove
<del></del>			Add Remove
	<del></del>		Add Remove
<u></u>	· · · · · · · · · · · · · · · · · · ·		Add Remove
····			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_
			12 SEP 21 P SECRETARY O TALLAHASSEE.
Dated	9/19/2012 . Will:	- S QL	PM 1:37  OF STAIL OF LORIDA
-	Willia	authorized representative of a member  S. Andre w 5 printed name of signee	· · · · · · · · · · · · · · · · · · ·

Page 2 of 2

Filing Fee: \$25.00