

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

LO500005242

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To:

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

From:

Account Name : BEGGS & LANE
Account Number : 120020000155
Phone : (850)432-2451
Fax Number : (850)469-3331

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

Email Address: jhill@andrewsinstitutesc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ANDREWS INSTITUTE ASC, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

T. LEE FOX
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SEP 13 2023

COVER LETTER

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**TO: Registration Section
Division of Corporations****SUBJECT: Andrews Institute ASC, 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:

Jessica Hill

Name of Person

Andrews Institute ASC, LLC

Firm/Company

1040 Gulf Breeze Parkway, Suite 101

Address

Gulf Breeze, Florida 32561

City/State and Zip Code

jhill@andrewsinstitutesc.com

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

For further information concerning this matter, please call:

Jessica Hill

850 916-8627

at ()

Name of Person

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 Address:**Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Andrews Institute ASC, 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 1/18/2005 and assigned
Florida document number L05000005242.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

Jessica Hill

New Registered Office Address:

1040 Gulf Breeze Parkway, Suite 101

Enter Florida street address

Gulf Breeze

Florida 32561

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 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.

Jessica Hill

If Changing Registered Agent, Signature of New Registered Agent

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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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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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: September 23, 2023 (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 September 11 2023

Jessica Hill

Signature of a member or authorized representative of a member

Jessica Hill, Authorized Representative

Typed or printed name of signee

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Filing Fee: \$25.00