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(City)	/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer	,
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13 APK 22 PM 12: 50

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

APR 2 3 2013

T. HAMPTON

COVER LETTER

	egistration Sec ivision of Corp		•	
SUBJECT	Anderson Gi	oup International, LLC		
SOBJECT	•	Name of Limit	ed Liability Company	
The enclos	sed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspon	dence concerning this matter	to the following:	
		Brenda Anthony		
			Name of Person	
		Central Licensing Bureau		
			Firm/Company	
		1501 N University, Suite 55	50	
			Address	
		Little Rock, AR 72207		
			City/State and Zip Code	
		dreed@centrallicensingbure		
		E-mail address: (to	o be used for future annual report notificati	on)
For furthe	r information co	ncerning this matter, please ca	all:	
Brenda A	nthony - Centra	l Licensing Bureau	501 664-8044 at ()	
	Name of	Person	Area Code & Daytime Te	elephone Number
Enclosed	is a check for the	e 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

Division of Corporations

RECEIVED

13 APR 22 AH 6: 41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 2, 2013

BRENDA ANTHONY CENTRAL LICENSING BUREAU 1501 N UNIVERSITY - STE 550 LITLE ROCK, AR 72207

SUBJECT: ANDERSON GROUP INTERNATIONAL, LLC

Ref. Number: L08000028223

We have received your document for ANDERSON GROUP INTERNATIONAL, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 113A00007753

Anderson Musical Instrument Insurance Solutions, Inc.

(dissolved 03/19/2013)

110 E Broward Boulevard, Suite 1700 Fort Lauderdale, FL 33301

April 8, 2013

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

RE: INTENT OF DISSOLUTION

Dear Sir/Madam:

This letter is to inform you that the corporation Anderson Musical Instrument Insurance Solutions, Inc. which was dissolved effective 03/19/2013 has no intention of revoking this dissolution. As such, we release our name to be used by another entity.

If you have any questions or concerns, please do not hesitate to contact Brenda Anthony -Central Licensing Bureau at (501) 664-8044 or via email at corpqual@centrallicensingbureau.com

Sincerely,

Thomas Rilev Peter T. Anderson

Managing Member

PA/bsa

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anderson Group International, LLC	•	
(<u>Name of the Limited Liability Cor</u> (A Florida Limi	mpany as it now appears on our	records.)
(A Fiorida Linne	ted Liability Company).	management services 14.5%
The Articles of Organization for this Limited Liability Comp	pany were filed on	and stigned s
Florida document number L08000028223		APR
Torida document number		70 × 66 × 66 × 66 × 66 × 66 × 66 × 66 ×
		2 CC
This amendment is submitted to amend the following:	ु सुन्	
A. If amending name, enter the new name of the limited	liability company here:	PM 12: 50
Anderson Musical Instrument Insurance Solutions, LLC	50 50	
		<u> </u>
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the	designation LLC or the appreviation
L.L.C.		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	(S)	-
•		
• ,	110 E Broward Boulevard	, !
Enter new mailing address, if applicable:		1
(Mailing address MAY BE A POST OFFICE BOX)	Suite 1700	
	Fort Lauderdale, FL 3330)1
B. If amending the registered agent and/or registere	ed office address on our rec	ords, enter the name of the new
registered agent and/or the new registered office address		·
Names of Nove Decistored Agents		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** Remove Remove Remove

MGR = Manager

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
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Dated	3/25 , 2013
	Swar Seeg
	Signature of a member or authorized representative of a member
	Thomas Riley for Peter Anderson, Managing Member 740445. J. P. 1149
	Typed or printed name of signee /
	Page 3 of 3

Filing Fee: \$25.00

13 APR 22 PH 12: 50