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2024 APR 10 AS 8: 08 SECRETARY OF SIMIE

## **COVER LETTER**

TO: Registration Se Division of Cor				
THE AND	ERSON GROUP & COMPAN	Y, P.L.		
SUBJECT:	Name of Lim	ited Liability Company		<del>.</del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kevin Gomez			
		Name of Person		~>
	THE ANDERSON GROU	P & COMPANY, P.L.		2024 APR 10 SECRETÁN TALLAHA
		- REI		
	5448 Hoffner Ave Suite 10	)7	影 10	
	Orlando, Fl. 32812		H1.33	
		City/State and Zip Code	<del>_</del> -	0
	kagomez@gmail.com			<u></u>
	E-mail address: (	to be used for future annual re	eport notification)	
For further information of	oncerning this matter, please c	all:		
Kevin Gomez			-9292	
Name o	(Person	at () Area Code	Daytime Telephone ?	Number
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed.	Co med) Co	0.00 Filing Fee, entificate of Status & entified Copy Iditional copy is enclosed)
Mailing Addre		Street Ad		
Registration S Division of C			tion Section of Corporations	
D () Dov 633			teo of Tallabaceau	

P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE ANDERSON GROUP & COME	PANY, P.L.		
(Name of the Limited (A	Liability Compa Florida Limited	inv as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liab Florida document number	oility Company	were filed on 03/30/2009	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	he limited liab	ility company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab		6900 Tavistock Lakes Blvd. Suite 400	~
(Principal office address MUST BE A STREET		Orlando, FL 32827	17.1 17.1 17.1
			PR I
Enter new mailing address, if applicable:		6900 Tavistock Lakes Blvd. Suite 400	18 0 A
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	Orlando, FL 32827	က်က ထား
			80
B. If amending the registered agent and/or reg agent and/or the new registered office address	,	address on our records, enter the nan	ne o <u>f the new regist</u> e
Name of New Registered Agent:			
New Registered Office Address:	6900 Tavistock	CLakes Blvd. Suite 400  Enter Flovida street address	
	Orlando		? <del>\$</del> ?7
	*		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:

or removed from our re			
MGR = Manager			
AMBR = Authorized M	lember		

<u>Title</u>	Name	Address	Type of Action
			□.Add
			□Remove
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Effective date, if other than the date of filing:    Comparison							
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