

LOG 000099612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

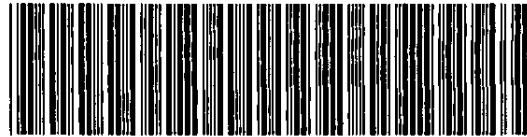
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/17/13--01006--013 \*\*25.00

FILED

13 JAN 28 PM 5:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JAN 30 2013  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **SE Chib Anderson 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:

**Sharon E Anderson**

Name of Person

**SE Chib Anderson Realtor**

Firm/Company

**63 Hamilton Heath Dr.**

Address

**Tampa FL 33606**

City/State and Zip Code

**Chib@coldwellbanker.com**

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

For further information concerning this matter, please call:

**Chib Anderson**

Name of Person

at **(813) 6256520**

Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SE Chib Anderson 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 01/13/2011 and assigned  
Florida document number L09000099612.

This amendment is submitted to amend the following:

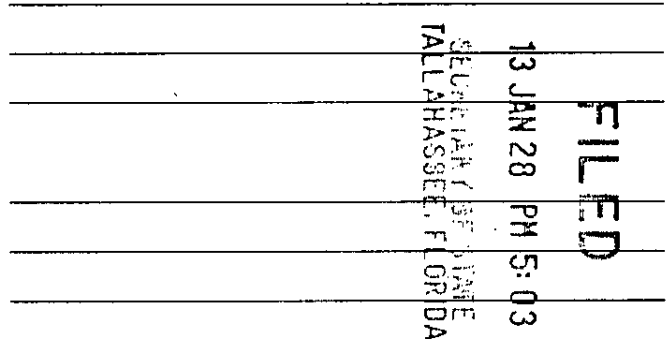
**A. If amending name, enter the new name of the limited liability company here:**

Sharon E Anderson LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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:

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing 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"/> Add
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JAN 28 PM 5:03

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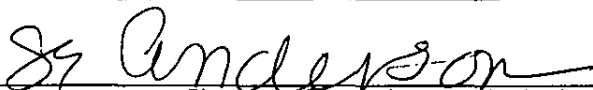
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please amend the name of the LLC From

"SE Chib Anderson LLC" to "Sharon E Anderson LLC"

( filing fee was already paid )

Dated 01/21, 2013



Signature of a member or authorized representative of a member

Sharon E. Anderson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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13 JAN 28 PM 5:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 18, 2013

SE ANDERSON  
63 HAMILTON HEATH  
TAMPA, FL 33604

SUBJECT: SE CHIB ANDERSON LLC  
Ref. Number: L09000099612

FILED  
13 JAN 28 PM 5:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SE CHIB ANDERSON LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

MISSING PAGES

Please return 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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 313A00001477