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(Re	questor's Name)	<u>_</u>
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Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

Division of Cor	porations	,	
OLANCO,			
SUBJECT:	Name of Lim	ited Liability Company	
The constant of Social conf	Assembly and forth are ab	mittad for filing	
The encrosed Articles of	Amendment and fee(s) are sub	mace for ning.	
Please return all correspo	ondence concerning this matter	to the following:	
	Andrew E McCaw Jr		
		Name of Person	
		Firm/Company	
	700 Lobelia Drive		
		Address	<del>_</del>
	Lake Mary, Florida 32746		
	-	City/State and Zip Code	
	amecaw12@gmail.com		
		to be used for future annual re	port notification)
For further information c	oncerning this matter, please co	all:	
Andy McCaw		407 875-9 at ()	
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed.	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Add	
Registration S Division of C		_	ion Section of Corporations
P.O. Box 632	=		re of Tallahassee

Tallahassee, Fl. 32314

TO:

Registration Section

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION LED OF

2023 NOV 16 PM 3: 36

OLANCO, ELC	Q = * ia+,	the same of the sa
(Name of the Limited Liability Compa	iv as it now appears on ou	r records.)
(Name of the Limited Liability Compa (A Florida Limited I	iability Company) ***** L	PORTER FL
The Articles of Organization for this Limited Liability Company	were tiled on 12/16/200	9 and assigne
Florida document number 1.09000119756		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
Andrew McCaw LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ty Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• •		
(Principal office address MUST BE A STREET ADDRESS)		
	<del></del>	
Enter new mailing address, if applicable:	<del>_</del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	ddress on our records	, enter the name of the new reg
agent and/or the new registered office address here:		
Name of New Registered Agent:		
No. D. Co., LOWING A Library		
New Registered Office Address:	Enter Florida stree	et address
	City	Florida Zip Code
N. D. San J. L. C.	X.11,1	24, 6 (10)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree		
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my du www.lad.for.iv.Classes	ties, and I am familiar with and
accept me obugations of my position as registerea agent as p	томиси јог иг Спарте	т буг, т.э. От, у низ аоситен

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

: -	;	Lucy 10	

Title	<u>Name</u>	Address 2023 NOV 16 PM 3: 36	Type of Act
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	SZETTE OF STATE  TALLACTOSEE, FL
	<del></del>
Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	e date of filing:
	ve date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after
record specifies a delayed effectively is filed.	
	2020
rd is filed.	2020  Signature of a member or authorized representative of a member

Filing Fee: \$25.00