

L13000081671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

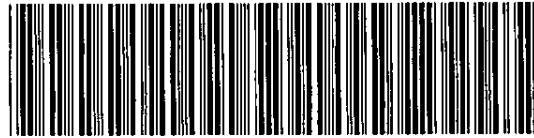
(Document Number)

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RECEIVED  
14 AUG 19 PM 2:17  
DIVISION OF CORPORATIONS

14 AUG 19 PM 2:25  
SECTION 1001, STATE  
TALLAHASSEE, FLORIDA

APPROVED  
FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Anderson Capital Insurance & Investments 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:

T.M. Anderson  
Name of Person

Anderson Capital Insurance LLC  
Firm/Company

113 South Monroe Street  
Address

Tallahassee, FL 32301  
City/State and Zip Code

Tm1anderson@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

T.M. Anderson Sr at (850) 879-2485  
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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
JUN 19 2014  
TALLAHASSEE, FL  
STATE

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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Anderson Capital Insurance & Investments 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 06-05-13 and assigned  
Florida document number 13000081671.

This amendment is submitted to amend the following:

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

Anderson Capital Caskets 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)

113 South Monroe Street  
Tallahassee, FL 32301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

~~113 South Monroe Street~~ PO BOX  
~~Tallahassee, FL 32301~~ 6985  
Tallahassee, FL 32314

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:

T.M. Anderson Sr.

New Registered Office Address:

113 South Monroe Street

Enter Florida street address

Tallahassee

City

Florida 32301

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.

T.M. Anderson Sr.  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

## FILING CANCELLED RETURNED CHECK

| <u>Title</u> | <u>Name</u>                 | <u>Address</u>                                | <u>Type of Action</u>                      |
|--------------|-----------------------------|---|--|
| MGR          | Stephanie Randolph Anderson | 113 South Monroe St Tallahassee, FL 32301     | <input checked="" type="checkbox"/> Add    |
|              | Stephanie W Randolph        | 284 Wetherburn Way East Tallahassee, FL 32301 | <input checked="" type="checkbox"/> Remove |
|              |                             |   | <input type="checkbox"/> Add               |
|              |                             |   | <input type="checkbox"/> Remove            |
|              |                             |   | <input type="checkbox"/> Add               |
|              |                             |   | <input type="checkbox"/> Remove            |
|              |                             |   | <input type="checkbox"/> Add               |
|              |                             |   | <input type="checkbox"/> Remove            |
|              |                             |   | <input type="checkbox"/> Add               |
|              |                             |   | <input type="checkbox"/> Remove            |
|              |                             |   | <input type="checkbox"/> Add               |
|              |                             |   | <input type="checkbox"/> Remove            |

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

Add EIN # 47-1623668

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 8-19-14, 2014

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Signature of a member or authorized representative of a member

Tyler Anderson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRET  
TALLAHASSEE, FLORIDA

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