

L13000095625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

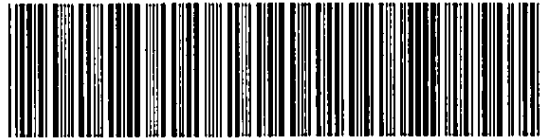
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

APR 12 2021

RECEIVED  
24 PM 12:35  
STATE  
TOLSON, FL

2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 14, 2021

ANDERSON LAW FIRM LLC  
PO BOX 2355  
APOPKA, FL 32704

SUBJECT: ANDERSON LAW FIRM LLC  
Ref. Number: L13000095625

We have received your document for ANDERSON LAW FIRM 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):

You can not change the business from LLC to PLLC by filing conversion form.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 521A00013202

## COVER LETTER

TO: Registration Section  
Division of Corporations

RECEIVED

SUBJECT: ANDERSON LAW FIRM LLC

2021 JUN 23 AM 11:52

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:

NEQUOSHA ANDERSON

Name of Person

ANDERSON LAW FIRM LLC

Firm/Company

581 N. PARK AVE STE. 2355

Address

APOPKA FL 32712

City/State and Zip Code

INFO@ANDERSONLAWFL.COM

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

For further information concerning this matter, please call:

NEQUOSHA ANDERSON

407 801-8024

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

ANDERSON LAW FIRM 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 07/05/2013 and assigned  
Florida document number L13000095625.

This amendment is submitted to amend the following:

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

ANDERSON LAW FIRM PLLC

The new name must be distinguishable and contain 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 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:**

**MGR = Manager**

**AMBR = Authorized 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"/> Change
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			<input type="checkbox"/> Change

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

THE SOLE MEMBER IS A LICENSED PROFESSIONAL OFFERING PROFESSIONAL LEGAL SERVICES  
PER F.S. 621.05 WOULD LIKE TO MODIFY TO BE A PROFESSIONAL LIMITED LIABILITY COMPANY.

ATTACHED IS A COPY OF THE LLC'S MEMBER PROFESSIONAL LICENSE FROM THE FLORIDA BAR

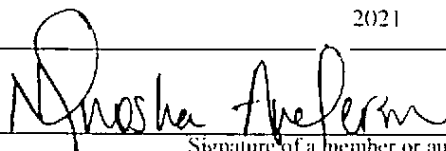
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 21 2021



Signature of a member or authorized representative of a member

NEQUOSHA N. ANDERSON

Typed or printed name of signee



## The Florida Bar

651 East Jefferson Street  
Tallahassee, FL 32399-2300

Joshua E. Doyle  
Executive Director

850/561-5600  
[www.FLORIDABAR.org](http://www.FLORIDABAR.org)

State of Florida     )  
County of Leon     )

In Re: 0102516  
Nequosha Noel Anderson  
PO Box 2355  
Apopka, FL 32704-2355

I CERTIFY THE FOLLOWING:

I am the custodian of membership records of The Florida Bar.

Membership records of The Florida Bar indicate that The Florida Bar member listed above was admitted to practice law in the state of Florida on **April 19, 2013**.

The Florida Bar member above is an active member in good standing of The Florida Bar who is eligible to practice law in the state of Florida.

Dated this 21st day of **June, 2021**.

Cynthia B. Jackson, CFO  
Administration Division  
The Florida Bar

PG-R10  
CTM-139500

