

L14000090803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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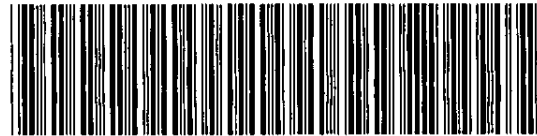
(Business Entity Name)

(Document Number)

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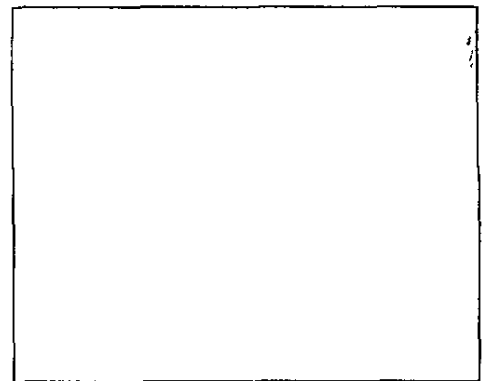
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WALK-IN

ENTITY NAME:

ANDERSON FINANCIAL HOLDINGS II, LLC

CK# 4328 FOR \$112.50 (\$25.00 for this filing)

PLEASE FILE THE ATTACHED AMENDMENT & RETURN THE FOLLOWING:

___ CERTIFIED COPY

XXX STAMPED COPY

___ CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anderson Financial Holdings II, 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:

Richard Hayes

Name of Person

Hayes & Varga, CPA

Firm/Company

115 W Gore St.

Address

Orlando, FL 32806

City/State and Zip Code

RHayes@hayesvargacpa.com

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

For further information concerning this matter, please call:

Richard Hayes

Name of Person

at 407 894-6722

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Joseph A. Ata	4137 Town Center Blvd Orlando, FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Jill E. Ata	4137 Town Center Blvd Orlando, FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Anderson Financial Holdings, LLC	412 N Main St., Ste 100 Buffalo, WY 82834	<input type="checkbox"/> Add <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

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

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 June 23rd

2014



Signature of a member or authorized representative of a member

Richard Hayes

Typed or printed name of signee

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