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ı		COVER LETTER		
TO: Registration Se		. 		
Division of Cor				•
SUBJECT:	F. ANDREWS, LLC			
	Name of Lin	ted Liability Company		
	Amendment and fee(s) are sub indence concerning this matter			
r lase retain an correspo		o the following.		
	Adam Marshall, Esquire			
	€	Name of Person		
	Marshall Grant, PLLC			
	·	Firm/Company		
	197 South Federal Highw	y. Suite 200		
		Address		
	Boca Raton, FL 33432			
	efile@marshallgrant.com	City/State and Zip Code		
		o be used for future annual report noti	lication)	
For further information c	concerning this matter, please c	JI:		
Adam Marshall, Esquire		561 361-1000		
Name o	of Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	□ \$60.00 Filing Fee. Certificate of Status &	
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
	ING ADDRESS: miion Section	STREET/COURI Registration Sectio	n	
Divisio	on of Corporations ox 6327	Division of Corpor Clifton Building		
	155ee, FL 32314	2661 Executive Ce Tallahassee, FL 32	mer Circle 301	

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XTEND ST ANDREWS, LLC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	(<u>y as it now appears on our records.</u>) ability Company)
The Articles of Organization for this Limited Liability Company	were filed on <u>01/20/2015</u> and assigned
Florida document number 1.15000011085	
This amendment is submitted to amend the following:	-
A. If amending name, <u>enter the new name of the limited liabi</u>	nty company here:
The new name must be distinguishable and contain the words "Limited Liabili	by Company " the designation "LLC" or the abbreviated "LLC"
The new name must be distinguishable and concurr the words. Limited Lindon	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u>→</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE & POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the ne</u>
registered agent and/or the new registered while address they	
Marine CM and Device and Assessed	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
•	
	, Florida Cuy Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•
The second	

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 offer address. I hereby confirm that the limited liability company has been notified in writing of this change.

1 P.P.A

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Personest authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Nanie	Address	Type of Action
MGR	JUNSEN, PERNIELE	2555 SW 5911181	O AU
		BOGARATON, FL 33496	🗌 Remove
	100		D Add
			C Remove
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			O Add
			🗌 🖸 Remove
			D Change
	<u></u>		Q Add
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Effectiv	e date, if other than the date of filin	ıg:	(optional) or more than 90 days after tiling.) Pursuant to 605.	
C	If the date inserted in this block does not a nt's effective date on the Department of a	meet the applicable statutory i	filing requirements, this date will not be liste	d as th
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