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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP		MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	



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R. WHITE JAN 1 5 2020

TO: Registration Section Division of Corporations

ANDMAR GROUP, LLC

SUBJECT: __

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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:

ALEJANDRA GUZMAN

Name of Person

Firm/Company

1285 SAWGRASS ST

Address

CLEARWATER, FL 33755

City/State and Zip Code

ALEJANDRAG@GOAPG.COM

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

For further information concerning this matter, please call:

ALEJANDRA GUZMAN 727 733-8700 Ext. 262 at (_____) 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

AR		AMENDMENT O	
ART	ICLES OF (O	DRGANIZATION F 28	90:013 Fil 3:04
ANDMAR GROUP , LLC		,	13 Fil 3: 04
(Name of the Limit	ed Liability Compa (A Florida Limited	ny as it now appears on our reco	
The Articles of Organization for this Limited L Florida document number L15000156176	iability Company		and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, <u>enter the new name o</u>	_	ility company here:	
A. If antending frank, <u>enter the new name o</u>	<u>r the minted han</u>	inty company nere.	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "L	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		10601 BELCHER RD S	
		SEMINOLE, FL 33777	
Pater and multiple address of applicables		10601 BELCHER RD S	
Enter new mailing address, if applicable: (Mailing address MAY <u>BE A POST OFFICE BOX)</u>		SEMINOLE, FL 33777	
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B. If amending the registered agent and/or r agent and/or the new registered office addre:	• ·	address on our records, <u>ent</u> o	er the name of the new register
Name of New Registered Agent:	JAMES W BRIDGEFORTH		
New Registered Office Address:	10601 BELCH	IER RD S	
new registered Office Address.	<u> </u>	Enter Florida street add	ress

New Registered Agent's Signature, if changing Registered Agent:

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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.

Ciry

SEMINOLE

ranging Registered Agent, S pature of New Registered Agent

_, Florida <u>33777</u> Zip Code

· , , · 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

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AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	GUZMAN, ALEJANDRA C	1285 SAWGRASS ST.	🗆 Add
		CLEARWATER FL 33755	■Remove
			□Change
MGR	HOEGG. ADRIAN A	1285 SAWGRASS ST.	🗆 Add
		CLEARWATER FL 33755	Remove
			□Change
OWNER	J&G FUTURE, LLC	10601 BELCHER RD S	
		SEMINOLE, FL 33777	🗆 Remove
			[] Change
MGR	BRIDGEFORTH, JAMES W	10601 BELCHER RD S	🖬 Add
		SEMINOLE, FL 33777	🗌 Remove
			🗆 Change
			🖸 Add
			🗆 Remove
			🗆 Change
			🖸 Add
		·	🗆 Remove
			□Change

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

(optional)

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 CC. Signature of a member or authorized representative of a member JAMES W BRIDGEFORTH Typed or printed name of signee