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(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

FEB 12 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Andrews Partners of Florida 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:

James D. Cronin
Name of Person

Firm/Company

7502 Bridgeview Dr
Address

Wesley Chapel FL 33545
City/State and Zip Code

bandrews13@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry Andrews at (813) 933 4742
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Andrews Partners of Florida 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 _____ and assigned
Florida document number L160000012238.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7502 Bridgerview Dr
Wesley Chapel FL 33545

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7502 Bridgerview Dr
Wesley Chapel FL 33545

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:

James D Cronin

New Registered Office Address:

7502 Bridgerview Dr

Enter Florida street address

Wesley Chapel, Florida 33545

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.

[Signature]
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>
MGR	Brandi Andrews	1002 W Busch Blvd	<input type="checkbox"/> Add
		Tampa FL 33613	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Barry Andrews	12866 80 th Ave	<input type="checkbox"/> Add
↓ AMBR		Summerville FL 33776	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	James D Cronin	7502 Bridgeway Dr	<input checked="" type="checkbox"/> Add
		Wesley Chapel FL 33545	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL

7-10-50

E. Effective date, if other than the date of filing: 1/1/2020 (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.

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.

Dated January 15th, 2020

Signature of a member or authorized representative of a member

James D. Cronin

Typed or printed name of signee

Filing Fee: \$25.00