# LIG 000012238

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A. BUTLER NOV 0 1 2021

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Andrews Partners of Florida 11
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Barry Andrews Name of Person
Firm/Company
8263 124th Terr N
Largo FL 33773
City/State and Zip Code  Source State and Zip Code  City/State and Zip Code  Femail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Borry Andrews  at (813), 833 4742  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status  Certified Copy (additional copy is enclosed)  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 ARTICLES OF ORGANIZATION

Oi Oi	•	يسطع هندي الأوضع
Andrews Partners of	i Flori	da 11
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears (ability Company)	on our records.) 20 AH 7: 35
		Judita was DE STATE
The Articles of Organization for this Limited Liability Company velocida document number \(\bigcup_{160001238}\).	vere filed on	1 19 d 1 6 Frand assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company hero	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liability	y Company," the des	ignation "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		
3. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our rec	ords, <u>enter the name of the new registered</u>
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florid	a street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pa being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of m rovided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

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>	Address	Type of Action
4MBR	Brand: Baltherrar	13891 77th Ave Spriole FL 33776	□Add
		Spriole FL 33776	Remove
		<del></del>	□Change
			🗀 Add
			□Remove
			□Change
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			□Add
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			□Change
			□ Add
			□Remove
			Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note	effective date, if other than the date of filing:
the rec	ord 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 filed.
Date	d Dct 18, 2021.
	Jan
	Signature of a member or authorized representative of a member
	brand: Baltharar

Filing Fee: \$25.00