# L16 0000 72316

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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AUG 0 2 2016 S. YOUNG

TALLAHASSTE, FLORING

DAVID W. STEEN, P.A. 2901 W. Busch Blvd., Suite 311 Tampa, FL 33618 (813) 251-3000

July 5, 2016

Dan Nelson 5114 W. Longfellow Ave. Tampa, FL 33629

Re: ANMN LLC

#### FEES:

4/1/16	Preparation of Articles of Incorporation	\$250.00	
6/30/16	Preparation of Amended Articles of Incorporation To Amend Managing Members	\$250.00 \$\frac{1}{25}	
EXPENSE:		AUG	TANKET TO SEE THE SEE
_	fee and Certificate of Status to Florida Dept. of State for filing N LLC, Check #1034		THE STATE
7/5/16 Filing	fee for Amended Articles of Incorporation	\$ 25.00	go 3

Total Balance Due:

<u>\$655.00</u>

## **COVER LETTER**

tion orations		
		,
Name of Lim	ited Liability Company	<del></del>
mendment and fee(s) are sub-	mitted for filing.	
Daniel Nelson		
	Name of Person	
	Firm/Company	
5114 Longfellow Avenue		Fig. 7.1.
	Address	ANIO: C
Tampa, FL 33629		要
duals and mala a construction	City/State and Zip Code	16 AUG-1 AM 10: 06
		fication)
ncerning this matter, please ca	all:	
	813 323-3353	
Person		e Telephone Number
e following amount:		
\$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)
	Name of Lim  Name of Lim  Mendment and fee(s) are sub dence concerning this matter  Daniel Nelson  5114 Longfellow Avenue  Tampa, FL 33629  dnelson@nelcoconstruction E-mail address: ( ncerning this matter, please concerning this matter)	Name of Limited Liability Company  Imendment and fee(s) are submitted for filing.  Idence concerning this matter to the following:  Daniel Nelson  Name of Person  Firm/Company  5114 Longfellow Avenue  Address  Tampa, FL 33629  City/State and Zip Code  dnelson@nélcoconstruction.com  E-mail address: (to be used for future annual report notifincerning this matter, please call:  Person  Reac Code  Daytime

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANMN, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on April 11, 2016	and assigned
Florida document number L16000072316	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the al	
Enter new principal offices address, if applicable:		5
(Principal office address MUST BE A STREET ADI	DRESS)	5 55
		E THE
Enter new mailing address, if applicable:		MID: OF
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	istered office address on our records, enter	the name of the new
registered agent androf the new registered time au	uress here.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer r tortaa street aaaress	
<u> </u>	, Florida	
	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.

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
MGR	Daniel Nelson	5114 Longfellow Avenue	<b>=</b> Add
		Tampa, FL 33629	Remove
			□ Change
AMBR	Austin Daniel Nelson	5114 Longfellow Avenue	B Add
		Tampa, FL 33629	□ Remove
			☐ Change
AMBR	Madison Marie Nelson	5114 Longfellow Avenue	Add Sap
		Tampa, FL 33629	Remove FO
			Changer
MGR	David W. Steen	2901 W. Busch Boulevard	□ Add
		Suite 311	■ Remove
		Tampa, FL 33618	Change
		_	□ Add
			□ Remove
			Add
			□ Remove

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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 30th day after the record is filed.	ier ol
ated	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00