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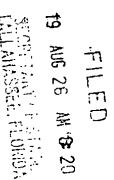
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Office Use Only



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SEP 0 6 2019 S. YOUNG

COVER LETTER

SUBJECT:		rothers Holdings LLC		
SOBJECT.		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
		Brad Anderson		
		Andomor Prothern Holding	Name of Person	
		Anderson Brothers Holding		
		5405 Cypress Center Dr Su	Firm/Company nite 305	
		Tampa, FL 33609	Address	
		brad.anderson@famr.us	City/State and Zip Code	
For further ir	aformation co	encerning this matter, please ca	to be used for future annual report notifiall:	ication)
Brad Anders	.		727 465-4199 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Anderson Brothers Holdings LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.)
The Articles of Organization for this Limited	Liability Company were filed on	05/24/2016 and assigned
Florida document number L16000101425		
This amendment is submitted to amend the fol	lowing:	
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," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)	
		20 T
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> BOX)</u>	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		on our records, enter the name of the r
Name of New Registered Agent.		
New Registered Office Address:	5405 Cypress Center Dr Suite 3	105 Florida street address
	Tampa City	, Florida 33609 Zip Code
New Registered Agent's Signature, if changing	•	ε.φ Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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. Ox, 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 ad or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ryan Anderson		
			■ Remove
			□ Change
			□ Add
			Remove
			Change
		-	Add
			□ Remove
			Add
			Remove
		□ Add	
		□ Remove	
			□ Change
		Add	
			□ Remove
			Change

11 41111	ending any other into mation, enter enange(s) here. (Anach tatamonal sheets, if necessary.)
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If an eff Note:	ive date, if other than the date of filing:
ne red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	August 19 , 2019 .
	Signature of a meraber or authorized representative of a member
	Read Anderson
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00