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SB 6-25-202S

COVER LETTER

TO: Registration S Division of Co		•	
SUBJECT: ANDERS	ON & SONS ASPHALT LLC		
SUBJECT.		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Danielle Anderson		
		Name of Person	
	ANDERSON & SONS AS	SPHALT LLC	
		Firm/Company	
	8633 Longwood Dr		2075 SEC
		Address	22 APR
	Seminole, FL 33777		2075 AFR 29 SECRETAR
	Sentitore, 19 33177	City/State and Zip Code	
	danderson0412@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Danielle Anderson		at (727) 614-2580	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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)
	Section Corporations	Street Address: Registration Se Division of Co	rporations
P.O. Box 63 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	•

(Name of the Limited Liability Company as it now apper (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on	
	07/01/2016 and assigned
	and damente
Torras document names	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
he new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: 8633 Longwo	
Principal office address MUST BE A STREET ADDRESS) Seminole, FL	233777 ZE Z
	(i.i.) (ii)
inter new mailing address, if applicable: 8633 Longwo	ood Dr 45. 45.
Mailing address MAY BE A POST OFFICE BOX) Seminole, FL	. 33111
	o

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

Title	Name	Address	Type of Action
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change
			🗅 Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□ Add
			□Change

II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e	tive date, if other than the date of filing:
he reco	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	April 23rd , 2025 .
	Signature of a member of authorized representative of a member
	Signature of a memory quantities of the second of the seco

Filing Fee: \$25.00