L/6000199823

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DATE:

05-23-18

NAME: ANDN PROPERTIES, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration (Division of Co			
ANDN P	roperties, LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	hmitted for filipy	
		Ť	
	Adam Nesenoff		
		Name of Person	
		Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: am Nesenoff Name of Person Firm/Company 51 Lakeview Dr apt 203 Address oring, FL 33870 City/State and Zip Code mnesenoff@gmail.com E-mail address: (to be used for future annual report notification) og this matter, please call: at (
	2351 Lakeview Dr apt 2	203	
		Address	
	Sebring, FL 33870		
		City/State and Zip Code	
	adamnesenoff@gmail.co		
			ication)
For further information	concerning this matter, please c	all:	
Adam Nesenoff			
Name	of Person		Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANDN Properties, LLC		
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 10/30/2016	and assigned
florida document number L16000199823	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	uited liability company here:	
		± 78
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	the abbreviation "FZE-C."
Enter new principal offices address, if applicable:		7 P
<u>Principal office address MUST BE A STREET ADDI</u>	RESS)	
		- 75
		F
Enter new mailing address, if applicable:		Ť.
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or regis	stered office address on our records, e	nter the name of the
egistered agent and/or the new registered office add		
Name of New Registered Agent:		
New Registered Office Address:		
New registered Office Address.	Enter Florida street address	
	121	lo.
 -	, Florid	ia 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	David Nesenoff	6549 Rajol Dr	
		Sebring, FL 33875	■ Remove
			☐ Change
			Add
			Remove
			Change
			☐ Remove
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affective date, if other than t	he date of filing:		(optional)		
an effective date is listed, the date in some an effective date inserted in this locument's effective date on the	block does not meet the appl	icable statutory filing requ			
e record specifies a delay The 90th day after the r		ot an effective time,	at 12:01 a.m. o	on the ea	rlier o
May 23	2018				
	Signature of a member or au				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00