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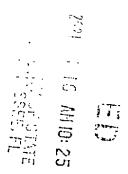
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COVER LETTER

	tion Section of Corporations		
subject: The	Ardesson Way L Namoof Li	imited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) are su	ubmitted for filing.	
Please return all c	orrespondence concerning this matte	er to the following:	
	Stephenic And	Name of Person	
	The Anderson	Way LLC Finn/Company	
	113 South	Montoe Stret	
	Tallahasse, F	2 32301 City/State and Zip Code	
	Admin & The	And Son Way, Cor (to be used for future annual report no	tification)
For further inform	ation concerning this matter, please	call:	
Stephenic A	Name of Person	at (<u>850</u>) <u>570 – 6</u> Area Code Dayti	623 me Telephone Number
Enclosed is a chec	k for the following amount:		,
□ \$25,00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & 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 TO ARTICLES OF ORGANIZATION OF

The Anderson Wa		as it now appears on or bility Company)	ur records.)	
The Articles of Organization for this Limited I		ere filed on 10/0	8/2018	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liabili	ty company here:		
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designat	tion "LLC" or the abi	breviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
				5
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE	BOX)		57 - 57 - 57 - 57 - 57 - 57 - 57 - 57 -	<u></u>
			<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ad ess here:	dress on our records	s, enter the name	ੁ ਹ e d}the new registered
Name of New Registered Agent:	Stephanic	Anderson		
New Registered Office Address:	113 South	Mon(∞ S) Enter Florida stre	eet address	
	Tallahabre		, Florida _37	1301
Non-Declarated Actual Classics		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			

New Registered Agent's Signature, it 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	Tyler Anderson	113 South Monroe Street	□Add
		Tallahasser, TL 32301	Dremove
			□Change
CEO	Stephanie Anderson	113 South Monroe Street	□Add
		Tallahasser, FL 32301	□Remove
			DChange
			□ Add
			□ Rетюче
			□ Change
			□Add
			Пенюус
			□Change
			
			□Remove
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Effective date, if other the if an effective date is listed, the Note: If the date inserted in document's effective date of	date must be specific and this block does not	nd cannot be prior to meet the applicab	date of filing or more le statutory filing re	(option; than 90 days after fili quirements, this da	ng) Pursuant to 605 0207
record specifies a delayed d is filed.	effective date, but no	ot an effective time	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
Dated 4/15/21	Signature of a	, 202 member or authoriz	ed representative of a	member	
	/				