## <u>LIB00235281</u>

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## COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: The AnderSon Way 116 Name of Lamited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all consepondence concerning this matter to the following:

Stephonic Andeson Name of Person The Arolesn Why 11 C Firm/Company 113 S Monroe Street Address Ty aderson Srog Mil. 100 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephane Andrea at (850) 570-6623 Area Code Davime Telephone Number

Enclosed is a check for the following amount:

① \$25.00 Filing Fee

CI \$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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 <u>Street Address:</u> 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 Way Liberty Company as it now appears on our records.) (Name of the Inmited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on	10/08	12018	_ and assigned
Florida document number $L18000235281$ .		·	

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Anderson Goup of Tallahasse in The new name must be distinguishable and contain the words "Limited Liabi	LLC 2222
Enter new principal offices address, if applicable:	113 South Monibe State
(Principal office address MUST BE A STREET ADDRESS)	Tallahossie, FL 32301 200 -
Enter new mailing address, if applicable:	113 South monuce Street
(Mailing address MAY BE A POST OFFICE BOX)	Tallahossin, FL 32301

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	Tyles Anderson	
New Registered Office Address:	113 South Montoe threet Enter Florida stree	t address
	Tullahose Cin.	Florida <u>FL</u> 32301 Zip Code

New Registered Ager ('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. Thereby 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>	Name	Address	Type of Action
CEO	Stephore Ander	113 South Monroe Street	🗆 Add
		Fillahaser, FL 32301	🗆 Remove
			□Change
Press	Tyles Anderson	113 South monta street	TYNIG
VIESIONE		Tallahoss, FL 32301	22]Remove
	· • • • • - • - • • • • • • • • • • • •		ERemove
			🗋 Change
			⊡Add
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			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

Dated \_\_)~).y. \_13 2021 Signature of a member or authorized representative of a member Stephanc Andre Typed or printed name of signee