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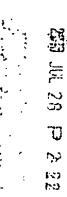
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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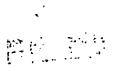
	gistration Se ision of Cor		·	`,		
SUBJECT:	Anderson &	b Dobb Real Estate LLC				
Name of Limited Liability Company						
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	ali correspo	ndence concerning this matter	to the following:			
		Robert Anderson				
		Anderson & Dobb Real Es	Name of Person tate LLC			
		1601 Nectarine Trail	Firm/Company			
		Clermont, FL 34714	Address			
		RobandersonCB@gmail.co	City/State and Zip Code m			
			to be used for future annual report	notification)		
For further in	nformation c	oncerning this matter, please ca	all:			
Robert Anderson Name of Person		352 502-923° at () Area Code Da	ytime Telephone Number			
				•		
Enclosed is a	check for th	ne following amount:				
\$25.00 F	filing 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 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 & Dobb Real Estate LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records). 26 222 (A Florida Limited Liability Company)

(7.1.167)	da Emilico Ela	mity Company)	r	, :
The Articles of Organization for this Limited Liability Florida document number L19000149604	Company w	ere filed on June 5, 20.	1 <u>9</u>	and ässigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liabilit	y company here:		
The new name must be distinguishable and contain the words "Lin	imited Liability	Company," the designation	on "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	-			
(Principal office address MUST BE A STREET ADD	DRESS)			
	-			
Enter new mailing address, if applicable:	-			
(Mailing address MAY BE A POST OFFICE BOX)	-			
	-			
B. If amending the registered agent and/or registered agent and/or the new registered office ade		e address on our r	ecords, <u>enter</u>	the name of th
Name of New Registered Agent:				
New Designation Address				
New Registered Office Address:		Enter Florida stree	t address	
	, Florida			
	<u> </u>	City	, 1 1011044	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a	complete pe	rformance of my dul	ies, and I am f	umiliar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Acti
MGR	Robert Anderson	1601 Nectarine Trail Clermont, FL 34714	⊟ Add
			Remove
			Change
			Remove
			Change
			☐ Remove
			Change
			
			□ Remove
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(If an effective d Note: If the o	te, if other than the date is listed, the date must be date inserted in this blockfective date on the Dep	e specific and ca k does not mee	t the applicable		ore than 90 days at		
	pecifies a delayed day after the reco		e, but not ar	n effective t	ime, at 12:01	La.m. on the ϵ	arlier of
Dated	JUNE	21.	<u>zeiq</u> .				
		Rut	2019.				
	S	gnature of a mer	nber or authorize	d representative	of a member		_
	J	Rober	+ Ander	രച			
		Ту	ped or printed na	me of signee			_

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

Page 3 of 3

Filing Fee: \$25.00