## L20000 168 793

(Reque	estor's Name)	
(Addre	ss)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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AUG 21 2020 S. YOUNG

## **COVER LETTER**

TO: Registration S Division of Co			
subject: Ao	drews Manag	enert & Development Groundied Liability Company	P LLC
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:	
	Dar	Name of Person	
	Andrews man	agement of Development Group L. Firm/Company	LC.
	2111 Ha	rriet Drive	
	Tall	avassee FL 32303 City/State and Zip Code	
	E-mail address: (	to be used for future annual report notification)	
For further information	concerning this matter, please ca	alt:	
Daniell Name	e Andrews of Person	at (727) 433 - 2462 Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
Mailing Addre Registration	Section	Street Address: Registration Section	
Division of ( P.O. Box 63	Corporations 27	Division of Corporations The Centre of Tallahassee	
Tallahassee,		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Andrews Managem			le	
( <u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears ida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Florida document number <u>L 20000 \ 68 193</u>	- ·	le   17   2020:	and assigned	
This amendment is submitted to amend the following:			, ,	i. 73
A. If amending name, enter the new name of the li	mited liability company her	<u>e</u> :	٠_١	
The new name must be distinguishable and contain the words "L	imited Liability Company," the des	signation "LLC" or the abbi	reviation "L.L.C."	_
Enter new principal offices address, if applicable:				<del></del>
(Principal office address MUST BE A STREET ADI	DRESS)		<del></del>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				_ _ _
B. If amending the registered agent and/or register agent and/or the new registered office address here		cords, <u>enter the name</u>	of the new regis	 sterec
Name of New Registered Agent:				
New Registered Office Address:	Enter Florid	la street address		_
		, Florida		
	City	, t iotida	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
AMBR	De Garryan Andrews	2111 Harriet Drive Tallahassee, I	323 <b>0</b> 3 L ØAdd
		□Remove	
		Change	
	<del></del>	□Add	
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er amet Hulli	ig any other information, enter change(s) here: (Attach additional sheets, if necessary)
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•	
- NOCC - 11 1	date, if other than the date of filing:
he record sp ord is filed	secrifies a delayed effective date, but not an effective time, at 12:01 a m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member of authorized representative of a member
	Typed or printed name of signer

Filing Fee: \$25.00