120000190864

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (0.7),, |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| Type of action by Officers |

Office Use Only



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SECRETHEN OF STATE

A. BUTLER APR 0 9 2022

COVER LETTER

TO:

Tallahassee, FL 32314

| TO: Registration So Division of Co | | | , |
|--|--|--|---|
| SUBJECT: And | econ Prope Name of Lim | sties and Des | relopment |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Gene A | nde(SDN Name of Person | |
| | Anderson | Properties a | nd aevelopment |
| | 310 Marth | na Lane | |
| Apnd | <u>Oldsmar</u> , <u>Investmen</u> | Fl. 34677 City State and Zip Code P gmail. G | <u></u> |
| For further information of | e-mail address; (concerning this matter, please ea | all: | neation) |
| Gene An | Je(SON of Person | at (516) 93 | - 8930 re Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 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 Addre Registration Division of C P.O. Box 632 | Section Corporations | Street Address: Registration Se Division of Con The Centre of T | porations |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION • OF

FILED

| Anderson Properties | and Dev | 1022 HAR 30 AM 10: 44 |
|---|--|---|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | oany as it now appears on ou Liability Company) | Fresette TARY OF STATE TALLAHASSEF, FL |
| The Articles of Organization for this Limited Liability Company | | 4 6 2020 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | oility Company," the designat | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 310 Mad Oldsmar | na Lane Fl. 39677 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) | 310 Mar Oldsma | tha Lane (, 71.3467) |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records | s, enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida stre | et address |
| | | Florida |
| | City | 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 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 |
|--------------|----------------|-------------------------------------|----------------|
| MGR | Gene, Anderson | 310 Martha Ln Oldernar, 71. 346) | ® Add |
| | | | □Remove |
| | | ain hoste o la | □Change |
| AMBR | Mary, Johnson | 310 Martha Ln. Odsmar, 71. 34697 | ₿Add |
| | 0 | | □Remove |
| | | | □Change |
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| | Sole purpose of Anderson properties |
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| | and development is realistate. |
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| (If an effec Note: If | e date, if other than the date of filing: |
| the record cord is filed | 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 d. |
| Dated _ | 3-2-22 |
| | Signature of a member or authorized representative of a member |
| | |
| | Gene Anderson Typed or printed name of signee |

Filing Fee: \$25.00

RECEIVED



FLORIDA DEPARTMENT OF STATE Division of Corporations TALL AHAESEE, FL

March 18, 2022

GENE ANDERSON 310 MARTHA LANE OLDSMAR, FL 34677

SUBJECT: ANDERSON PROPERTIES AND DEVELOPMENT LIMITED

LIABILITY COMPANY,

Ref. Number: L20000190864

We have received your document for ANDERSON PROPERTIES AND DEVELOPMENT LIMITED LIABILITY COMPANY, and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU DID NOT CHECK THE TYPE OF ACTION FOR YOUR OFFICERS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 122A00006441