

h20 000273156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

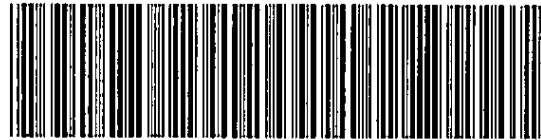
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/19/21--01021--014 **30.00

2021 OCT -3 PM 3:04

h-1/1/21-27



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT -8 AM 8:13

August 30, 2021

KARALEE ANDERSON
2615 MYRTLE AVE.
PUNTA GORDA, FL 33950

SUBJECT: ANDERSON ENCLOSURES LLC
Ref. Number: L20000273156

We have received your document for ANDERSON ENCLOSURES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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

Alecia Rivers
Regulatory Specialist II

Letter Number: 721A00020827

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anderson Enclosures LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Karalee Anderson
Name of Person

Anderson Enclosures LLC
Firm/Company

2615 Myrtle Ave
Address

Punta Gorda/ FL / 33950
City/State and Zip Code

Andersonenclosures@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karalee Anderson at (941) 889-9360
Name of Person 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 &
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 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**

Anderson Enclosures LLC

(Name of the Limited 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 9/1/20 and assigned
Florida document number L20000273156.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

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

All agents and owners shall stay
the same only adding Todd Anderson Jr.

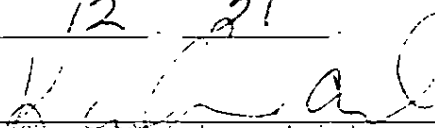
E. Effective date, if other than the date of filing: 8/1/21 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 August 12, 21



*Signature of a member or authorized representative of a member

KaraLee Anderson

Typed or printed name of signee