

L21000030420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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21 MAR 22 PM 3:47
DIVISION OF CORPORATION
STATE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Anderson Contracting Company 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:

Zeb Cheshire

Name of Person

Anderson Columbia Co., Inc.

Firm/Company

P.O. Box 1829

Address

Lake City, Florida 32056-1829

City/State and Zip Code

zeb.cheshire@andersoncolumbia.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zeb Cheshire

386 752-7585

at ()

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**

CLERK
OF THE STATE
DIVISION OF CORPORATION

Anderson Contracting Company LLC

21 MAR 22 PM 3:47

(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 01/13/2021 and assigned
Florida document number L21000030420.

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)

P.O. Box 1829

Lake City, Florida 32056-1829

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: Zeb Cheshire

New Registered Office Address: 871 NW Guerdon St.
Enter Florida street address

Lake City, Florida 32055
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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Joe H. Anderson, III	640 NE HWY 349	<input type="checkbox"/> Add
		Old Town, Florida 32680	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tara Beauchamp	871 NW Guerdon St.	<input checked="" type="checkbox"/> Add
		Lake City, Florida 32055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Amy Paras	871 NW Guerdon St.	<input checked="" type="checkbox"/> Add
		Lake City, Florida 32055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TyMBER Reed	871 NW Guerdon St.	<input checked="" type="checkbox"/> Add
		Lake City, Florida 32055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Jake Beauchamp	871 NW Guerdon St.	<input checked="" type="checkbox"/> Add
		Lake City, Florida 32055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Kyle Paras	871 NW Guerdon St.	<input checked="" type="checkbox"/> Add
		Lake City, Florida 32055	<input type="checkbox"/> Remove

CLERK OF COURT
DIVISION OF CORPORATION

21 MAR 22 PM 3:47

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

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS
21 MAR 22 PM 3:47

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Dylan Reed	871 NW Guerdon St.	<input checked="" type="checkbox"/> Add
		Lake City, Florida 32055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP/S	Zeb Cheshire	871 NW Guerdon St.	<input checked="" type="checkbox"/> Add
		Lake City, Florida 32055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

21 MAR 22 PM 3:47

E. Effective date, if other than the date of filing: _____ (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 March 17, 2021



Signature of a member or authorized representative of a member

Zeb Cheshire

Typed or printed name of signee

Filing Fee: \$25.00