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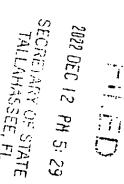
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

	vision of Cor			A	
CHRIECT		rson Real Estate LLC	•		
SUBJECT		Name of Lin	nited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please retur	n all correspo	ondence concerning this matter	to the following:		
		Tyler S Anderson			
			Name of Person	<u>_</u> _	
		Self			
			Firm/Company	<u> </u>	
		2900 NE 2nd Ave #686			
			Address		
		Miami, FL 33137			
			City/State and Zip Code		
		andersont91@gmail.com			
		E-mail address; (to be used for future annual repor	t notification)	
For further	information c	oncerning this matter, please c	all:		
Tyler S And	derson		786 909-960 at ())5	
	Name o	f Person		nytime Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ailing Addres		Street Address		
Registration Section Division of Corporations			Registration Section Division of Corporations		
P .0	O. Box 632	7	The Centre	of Tallahassee	
Ta	llahassee, F	FL 32314	2415 N. Mo	onroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tyler Anderson Real Estate LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our reco imited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Co.	mpany were filed on 09/01/2022	and assigned
Florida document number 1.22000385199	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u>.</u>	
		
B. If amending the registered agent and/or registered	office address on our records, <u>ent</u>	er the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	,1	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Tyler Scott Anderson	2900 NE 2ND AVE 686	■Add
		MIAMI. FL 33137	□Remove
			□Change
			□Remove
			□Change
			DAdd 2022 DEC
			102 DEC 12 PH 5: 29 Add CREMAN GREE STATE TAILDAHAGEEL ST
			□Remove
			Change
			□Remove
			□Add
			Remove
			□Change

I am looking to add my	self as a Authorized Person(s).	my	contact	information.
786- 900	- 9605			
anderson	>91 @ gmail. co	m		
-				
		-		
			 -	
			_	.
		-		
ote: If the date inserted in t	te must be specific and cannot be pr	licable statu		(optional) Odays after filing.) Pursuant to 605.02 ments, this date will not be listed
record specifies a delayed ef is filed.	fective date, but not an effective	time, at 12	:01 a.m. on the ear	lier of: (b) The 90th day after th
11/22 nted	2021	_		
	J4 60			<i></i>
 -	Signature of a member or au	thorized repr	esentative of a memi	per

Typed or printed name of signee