## L24000406024

(Red	questor's Name)	
(Add	iress)	
(Add	iress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
	MM.	

Office Use Only



300437349193

10/01/24--01033--010 \*\*25.00



## **COVER LETTER**

TO:

	gistration Se vision of Cor			
CHD IF CT		ANDERSON PROPERTIES L	LC	
SUBJECT		Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please retur	n all correspo	indence concerning this matter	to the following:	
		ROBERT E. ANDERSON	ī	
			Name of Person	
			Firm/Company	<del></del>
		21950 SW 80TH PLACE		
		DUNNELLON, FL. 34431	Address	
			City/State and Zip Code	
		BOBEANDERS@GMAIL.		
			to be used for future annual report	notification)
		oncerning this matter, please c		
ROBERT E	ANDERSO	N	352 209-433 at ()	
	Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	S30.00 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)
Re Di P.0	O. Box 632	Section orporations 7	The Centre	Section Corporations of Tallahassee
Ta	Ilahassee, F	·L 32314	2415 N. Mo	nroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROBERT ANDERSON PROPERTIES LLC	_	
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our re da Limited Liability Company)	cords.)
Γhe Articles of Organization for this Limited Liability (		
Florida document number L24000406024	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
ROBERT E ANDERSON LLC		
The new name must be distinguishable and contain the words "Lit	mited 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 ADD	RESS)	
		. 2
		21 (
Enter new mailing address, if applicable:		71 000
Mailing address MAY BE A POST OFFICE BOX)		- TIED
		79 FA
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		nter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
<del></del>	Enter Florida street aa	ldress
		, 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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
	<del></del>	<del></del>	□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
		<del> </del>	Remove
			Change
			□Add
			□Remove
			Change

		_
_		<del></del>
_		
		· <del></del>
_		_
_		_
_		_
_		
_		_
_		<del></del>
_		
		_
_		<del></del> -
_		_
lote:	e date, if other than the date of filing:	605.0207 ( listed as t
record Lis file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	ifter the
	9-25 , 2024	
ated_	$\Lambda$	
oated _	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00