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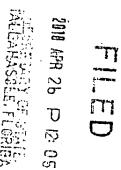
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COVER LETTER

· Division of Cor		•			
ANDINA I	PAINTING SERVICES LLC				
SUBJECT:	Name of Lim	nited Liability Company			
	Amendment and fee(s) are sub	_			
	SERGIO VERGARA				
	<u> </u>	Name of Person			
	ANDINA PAINTING SE	RVICES LLC			
		Firm/Company			
	4242 SW 164 CT		9		
		Address		2918	
	MIAMI / FLORIDA / 331	85		李品	-11
		City/State and Zip Code	[13-5]	26	Sustain
	ANDINACONSTRUCTIO	NS@GMAIL.COM to be used for future annual report notifi	TY XI	U	
For further information of	concerning this matter, please c	•	cation)	S0 :21 d	
SERGIO VERGARA		561 584-1480 at ()			
Name o	f Person		Telephone Number	_	
Enclosed is a check for the	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 Fe Certificate of S Certified Copy (additional copy is	tatus &	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANDINA CONSTRUCTION SERVICES LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our rec- ited Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on MARCH 19,20	018	_ and assigned
Florida document number L18000070256			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
ANDINA PAINTING SERVICES LLC			
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "L	LC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		· — · · = · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREET ADDRESS	<u> </u>		
		<u> </u>	2
Enter new mailing address, if applicable:			47: 30-48
Mailing address MAY BE A POST OFFICE BOX)		正で: 2. 元:	
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		işî serin mal î î	T C
3. If amending the registered agent and/or registere		rds, enter the	e name of the
egistered agent and/or the new registered office address	<u>here</u> :	2127 1277 2277	20
		خز	
Name of New Registered Agent:			
New Registered Office Address:			
man and a second	Enter Florida street ada	tress	
	_	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

. 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
		-	Add
			□ Remove
			☐ Change
			Add
			□ Remove
			□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
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Effective date, if other than the date of filing: APRIL 23, 2018 (optil fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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ne record specifies a delayed effective date, but not an effective time, at $12.01\ a$. The 90th day after the record is filed.	a.m. on the earlier of
Dated APRIL 20 , 2018 .	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00