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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

LOS ANDES GROUP 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:

HORACIO PEIRO

Name of Person

LOS ANDES GROUP LLC

Firm/Company

3001 SW 130 AVENUE

Address

MIAMI, FLORIDA 33175

City/State and Zip Code

MDIAZ@ANTIGAL.COM

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

For further information concerning this matter, please call:

HORACIO PEIRO

Name of Person

,305,40**6-009**1

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOS ANDES GROUP LLC		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on o orida Limited Liability Company)	ur records.
The Articles of Organization for this Limited Liab	ility Company were filed on 10/29/20	and assigned
Florida document number L0400078990	.	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," th	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
		· · · · · · · · · · · · · · · · · · ·
		2018 SEC ALL
Enter new mailing address, if applicable:		SE TO
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	SSR
		(1) (2) (1) (1) (1) (1)
B. If amending the registered agent and/or		
B. If amending the registered agent and/or	registered office address on our re	ecords, enter the name of the new
registered agent and/or the new registered offic	e address nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VIRGILIO CARTONI	8356 NW 30 TERRACE	Add
		DORAL, FL 33122	Remove
			_
			Add
			Remove
			_
			Add
			Remove
		X	Add Remaye
		A HASS	Remaye
		EF 57	Andd:
		Dr.	Add:
			-
			Add
			Remove

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013
ber or authorized representative of a member

Filing Fee: \$25.00

