Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HISPANUSA INC Account Number: I20070000099

Phone Fax Number

: (954)478-2706 : (954)934-0334

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANDY INVESTORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	0.1
Estimated Charge	\$25.00

FEB - 5 2013

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECTS

ANDY INVESTORS 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:

MARI'LUZ VALLEJO

Name of Person

ANDY INVESTORS LLC

Firm/Company

21510 HALSTEAD DRIVE

Address

BOCA RATON, FL 33428

City/State and Zip Code

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

For further information concerning this matter, please call:

MARTLUZ VALLEJO

305,244-9039

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Pee

☐\$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

ANDY INVESTORS LLC						
(<u>Name of the Limited I</u> (A I	liability Compar Florida Limited L	ny as it now appears on ou lability Company)	<u>r records.</u>)			
The Articles of Organization for this Limited Lia Florida document number L05000035786	bility Company	were filed on 04/12/20	05	and as	signed	
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of	he limited liabi	ility company here:				
G & T LOGISTICS GROUP LLC						
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Company," the	designation "LLC	O" or the	abbreviatio	מכ
Enter new principal offices address, if applical	ble:	21510 HALSTEAD	DRIVE)#1 }_(C)	20	
(Principal office address MUST BE A STREET		BOCA RATON, FL	33428	150	<u> </u>	e e care
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) B. If amending the registered agent and/or		fice address on our rec	ords, enter the	ETARY OF STATE	B c c c c c c c c c c c c c c c c c c c	firest firest
registered agent and/or the new registered offi	ce address here	2 ;				
Name of New Registered Agent:	MARILUZ VALLEJO					
New Registered Office Address:	21510 HALSTEAD DRIVE					,
		-	ida street uddre.			
	BOCA RATON		_, Florida <u>334</u>	33428		
		City		Zip Cod	e	
New Ranictered Agent's Signature If changing Re	gistered Apent.					

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, Thereby contain that the limited liability company has been notified in writing of this change.

If Changing Registered Agent Signature of New Registered Agent

No. 8456 P. 4

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member <u>Title</u> Name. Address Type of Action 21510 HALSTEAD DR. **NELSON VALLEJO** MGRM BOCA RATON, FL 33428 Remove È Remove AL STATE 至 **Q**2 B Add Remove Remove Remove

f amend	ling any other information	on, enter change(s) here: (Attach	udditional sheets, if necessary	ı.)
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	<u></u>	· · · · · · · · · · · · · · · · · · ·		
FE	BRUARY 2	2d13/		<u>, </u>
		NO MAN		
	Signa	ture of a member of Authorized repres	entative of a member	
	MARILUZ VALL	EJO _ ' - '		
		Typed or printed name of s	gnee	

Page 3 of 3

Filing Fee: \$25.00

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