

L11000 011674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

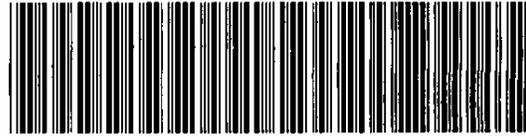
(Business Entity Name)

(Document Number)

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2011 OCT 12 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT 18 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANDROIDE SOLUTIONS, 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:

HECTOR GUEVARA
Name of Person

Firm/Company

2500 N W 79 AVE #234
Address

MIAMI, FL 33122
City/State and Zip Code

HGGUEVARA1@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HECTOR GUEVARA at 786, 512 1111
Name of Person 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

FILED

2011 OCT 12 AM 11:43

ANDROIDE SOLUTIONS, LLC.

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JAN 27, 2011 and assigned Florida document number L11000011674.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ANDROID SOLUTIONS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2500 NW 79 AVE #234

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33122

Enter new mailing address, if applicable:

2500 NW 79 AVE #234

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33122

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

HECTOR GUEVARA

New Registered Office Address:

2500 NW 79 AVE #234

Enter Florida street address

Miami

Florida

FL 33122

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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:

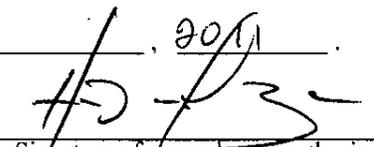
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HECTOR GUEVARA	8500 NW 79 AVE #234 MIAMI FL 33122	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LEONARDO GUEVARA	14201 SW 78 th CT PALMETTO BOY, FL 33158	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MONIKA GUEVARA	14201 SW 78 th CT PALMETTO BOY, FL 33158	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated 10/05



Signature of a member or authorized representative of a member

HECTOR GUEVARA

Typed or printed name of signee