

L11000 011674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

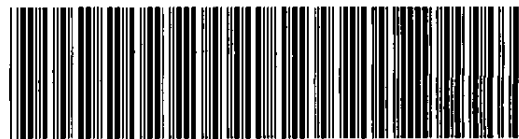
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200213164172

10/12/11--01029--002 \*\*25.00

FILED  
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

Name of Person

at 786, 512 1111

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)

CLERK 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:

(Principal office address MUST BE A STREET ADDRESS)

2500 NW 79 AVE #234

MIAMI, FL 33122

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2500 NW 79 AVE #234

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

City

Florida

FL 33122

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	2500 NW 79 AVE #234 MIAMI FL 33122	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LEONARDO GUEVARA	14201 SW 78 <sup>th</sup> CT PALMETTO BOY, FL 33158	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MONIKA GUEVARA	14201 SW 78 <sup>th</sup> 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.)

FILED  
2011 OCT 12 AM 11:43  
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