

L110000866 32

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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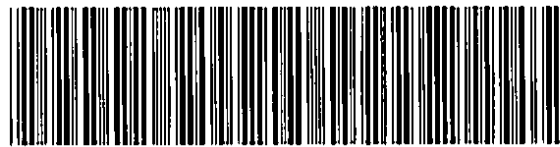
(Business Entity Name)

(Document Number)

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# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 12/08/2021

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*en: c DW*

Name:	Andalex Millenia LLC
Document #:	
Order #:	14018037

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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Amount: \$ **55.00**

Thank you!

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANDALEX MILLENIA, 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:

ESTHER EDITH GONDRA

Name of Person

Firm/Company

C/O 4000 HOLLYWOOD BLVD SUITE 140N

Address

HOLLYWOOD FL 33021

City/State and Zip Code

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

For further information concerning this matter, please call:

NORA G. CHIRINOS, ESQ.

786 830-3400  
at ( )

Name of Person

Area Code

Daytime Telephone Number

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ANDALEX MILLENIA, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/28/2011 and assigned Florida document number L11000086632.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida 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 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**

FILED  
-8 AM  
JUL 28 2011  
TALLAHASSEE, FL

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JUAN CSR CORTESE	4000 HOLLYWOOD BLVD SUITE 140N	<input type="checkbox"/> Add
		HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TIS MANAGER LLC	4000 HOLLYWOOD BLVD SUITE 140N	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	ANDREA EDITH CORTESE	4000 HOLLYWOOD BLVD SUITE 140N	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	ALEJANDRO JORGE CORTESE	4000 HOLLYWOOD BLVD SUITE 140N	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

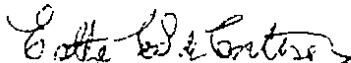
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DECEMBER 6 2021 \_\_\_\_\_



Signature of a member or authorized representative of a member

ESTHER EDITH GONDRA

Typed or printed name of signee