## L11606136192

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APR 15 2015

## **COVER LETTER**

Division of Corporations	
SUBJECT: Andremar 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:	
Andrea Tovar	
Name of Person	
Andremar LLC	
PREVIOUS / RECUED ADDRES )	ADDRESS
9350 SW 55 St 7810 St	w 66 st
City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  Condition  E-mail address: (to be used for future armual report notification)	- 33143
For further information concerning this matter, please call:	
Name of Person at (786) 683 63 19  Area Code Daytime Telephone Number	-
Enclosed is a check for the following amount:	1
\$25.00 Filing Fee Certificate of Status    Solution   S	tatus &

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

## TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Liability Compan)	ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on Dec od, 2011 and assigned
Florida document number <u>1110001361.9</u> 2	(L11000136192)
This amendment is submitted to amend the following:	,
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limited Liabil	ity Company " the designation "LLC" or the abbreviation "LLC"
-	
Enter new principal offices address, if applicable:	7810 SW 66 St
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FC 32143
Enter now mailing address if applicables	7810 SW 66 St
Enter new mailing address, if applicable:	-
(Mailing address MAY BE A POST OFFICE BOX)	Mami FC 33143
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ice address on our records, enter the name of the new
registered again that or you new registered orner man por here.	
Name of New Registered Agent:	700 m
	25 N
New Registered Office Address:	Enter Florida street address
	Florida (D)
· · · · · · · · · · · · · · · · · · ·	City , Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

## Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action **Title** <u>Name</u> **Address** Martin Quintanille **⊅** Add AMBR HIDMI FC 32/65 ☐ Remove □ Add □ Remove □ Add \_□ Remove <u>ris</u> □ Add ☐ Remove 37 \_ Add □ Remove □ Add □ Remove

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Effec	tive date, if other than the date of filing: (optional)
	tive date, if other than the date of filing:(optional) fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
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the da	fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after stee this document is filed by the Florida Department of State)  1

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Filing Fee: \$25.00