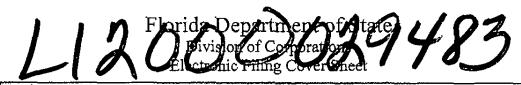
11/9/2016

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002768543)))



H160002768543ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

: (305)444-4994

Phone Fax Number

: (305)444-4977

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

Email	Address:			
Email -	Address:			

16 NOV -8 PM 11: 36 CORETARY DESTATE 11 A HASSFE, FLORIDA LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANDINA GRUPO "LLC"

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FILED

16 NOV -8 MM 8: 39

NOTE OF CRESCALING

Electronic Filing Menu

Corporate Filing Menu

O SIMMONS

1/1

1,71

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

andina grupd'llc"					
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited L Florida document number L12000029483	iability Company	were filed on <u>03/01/2012</u>	and assigned		
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o			0 6 T		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation 'Eh.C."		
Enter new principal offices address, if applicable:		10773 NW 58TH ST	9 6 1		
(Principal office address MUST BE A STREE		#313			
A THINK OF THE STATE OF THE STA		DORAL, FL 33178			
Enter new mailing address, if applicable:		10773 NW 58TH ST			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	#313	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		DORAL, FL 33178			
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the new		
Name of New Registered Agent:	CHANGE OF	ADDRESS			
New Registered Office Address:	10773 NW 58TH ST #313				
		Enter Plorida street address			
	DORAL	Flori	da 33178		
and the second s		Cky	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

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>	Name	Address	Type of Action
MGR	CHANGE OF ADDRESS	10773 NW 58TH ST # 313	
		DORAL, FL 33178	□ Remove
			■ Change
MGR	CHANGE OF ADDRESS	10773 NW 58TH ST # 313	□ Add
		DORAL, FL 33178	□ Remove
	<del></del>		
			□ Remove
			Change 55
			Change 16 ABOV ABOV ABOV ABOV ABOV ABOV ABOV ABOV
	<del></del>		<u></u>
			□ Remove
			Change
			□ Add
			Remove
			П Съвпае

		<del></del>				•				·
		<u></u>			•		····			
<del></del>						······································				
<del></del>		<del></del>	<del></del>	·				<del></del>	<del></del>	
									,	·
			<u>.                                    </u>				~~_~~	··	NOISIANG	<u></u>
										5
	,			-	•				QF	40
		<del></del>		<del></del>					i i	- <del></del>
			<u> </u>	<del></del>		• • • • • • • • • • • • • • • • • • • •		·	SWOLVERGAMOT	<u>=</u>
								·	<u> </u>	6: <b>39</b>
								<u> </u>	<u> </u>	
<del></del>		<del></del>		<del></del>			·			
	·	<del>,</del>	<del></del>	<del></del>	····	<del></del>	<del>,</del>	<del></del>		
	<u> </u>	<del></del>		<del></del>			<del></del>			
مرموريون مرموريون			•	<del> </del>			<del></del>		<u> </u>	
<del></del>			· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del> -		<del></del>	~ <u>~</u>	,	
ective date	, if other than	a the date of f	Hoe:				(0)	(legoine		
effective da	e, it other than to is fixed, the date to inserted in th	te must be specifi	c and cause	n be prior to	date of fills	n illing to	an 90 days a	fter lifme )	Pupper will not	it to 605. he liste
ument's eff	ective date on U	he Department	of State's	records.		,	,,			
w. m. + 1 - 1 . w w w					ومعاورة والمارات		. ,		::: '	
record sp he 90th c	ecifies a dela lay after the	ayed effectiv record is fil	/e.date, ed.	but not	an effec	dve time	, at 12:0	1 a.m. c	on the	earile
	1		والمراجعة والمراجعة المساحة الواحدة	***************************************	· <del></del>			-	a.,	
11/08			201	.6	. ·					
ed	$-cH\Delta l$	10-								
¢d	# \ <i>    \ </i>	1.1/-								
ed <u>11708</u>		Steppowe (	of a membe	r or stathori	zed represe	nistive of a	member		<del></del>	<del></del>