

LI 2000029483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

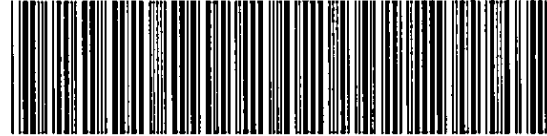
(Business Entity Name)

(Document Number)

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2017 NOV 21 PM 4:07
J. HARRIS

NOV 21 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANDINA GRUPO LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL MELEAN

Name of Person

ANDINA GRUPO LLC

Firm/Company

8350 NW 52nd Terr, Suite 105

Address

Doral FL 33166

City/State and Zip Code

andinamiami@gmail.com

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

For further information concerning this matter, please call:

PAUL MELEAN

Name of Person

at (305) 7678260

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2017

PAUL MELEAN
8350 NW 52ND TERR, SUITE 105
DORAL, FL 33166

SUBJECT: ANDINA GRUPO LLC
Ref. Number: L12000029483

2017 NOV 21 PM 2: 01

We have received your document for ANDINA GRUPO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Date of filing and document number are missing. Section 5(a) has not been completed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 417A00022454

2017 NOV 21 PM 4: 07

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: ANDINA GRUPO LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

03/01/2012

L12000029483

3. Date of filing/registration in Florida

4. Document number

5. (a) PAUL MELEAN

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

10773 NW 58ST, #313

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

DORAL, FL 33166

(b) PAUL MELEAN

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

8350 NW 52nd TERR, SUITE 105

DORAL, FL 33166

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

PAUL MELEAN

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00