

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANDRE M MULTISERVICES 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:

EDILMA E CHUICA

Name of Person

Firm/Company

11228 S.W. 5TH TERR

Address

MIAMI FL 33174

City/State and Zip Code

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

2012 MAY 17 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

EDILMA E CHUICA

Name of Person

at (**786**)

291-6813

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

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>
_____	_____	_____	<input type="checkbox"/> Add <input 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
_____	_____	_____	<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.)*

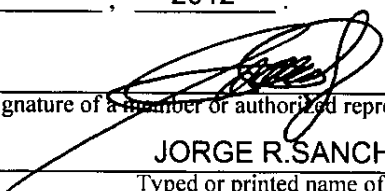
NAME OF REGISTERED AGENT AND MGRM IS:
EDILMA E CHUICA-MANCHEGO (CORRECT) INSTEAD OF
THE FOLLOWING INCORRECT INFORMATION:
EDILMA E CHUICA-MANCHECO (CHANGING ONE LETTER ONLY, G FOR
THANKS FOR YOUR CONSIDERATION ON THIS MATTER

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2012 MAY 17 AM 9:12

FILED

Dated MAY 14, 2012



 Signature of a member or authorized representative of a member
JORGE R. SANCHEZ

 Typed or printed name of signee