L12000082764

(Re	equestor's Name)	
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COVER LETTER

TO: **Registration Section Division of Corporations**

Miami 10 Media 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:

Ariel Osvaldo Kay	7
Name of Person	JISEP I
Firm/Company	
6400 SW 96th Street	
Address	

Pinecrest, FL, 33156

City/State and Zip Code

Ariel.Kay@icloud.com

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

For further information concerning this matter, please call:

Ariel Osvaldo Kay

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•		
Miami 10 Media, LLC		<u></u>
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.	J SEP 16
`	, ,,	المستردين
The Articles of Organization for this Limited Liability Company	were filed on 6/22/2012	and assigned
Florida document number L12000082764		بھی شنہ ایک دے
This amendment is submitted to amend the following:		[*] gan
A. If amending name, enter the new name of the limited liab	ility company here:	
Andes Financial Advisors LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "I	.LC" or the abbreviation
Enter new principal offices address, if applicable:	6400 SW 96th Street	
(Principal office address MUST BE A STREET ADDRESS)	Pinecrest, FL, 33156	
Enter new mailing address, if applicable:	6400 SW 96th Street	
(Mailing address MAY BE A POST OFFICE BOX)	Pinecrest, FL, 33156	
B. If amending the registered agent and/or registered of		the name of the nev
registered agent and/or the new registered office address her	<u>.e</u> :	
N. C.Y. B. C. LA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	lress
	, 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 608, 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 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 = M	fanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Remove 3 SEP Control of the control
			Add T
-			Remove
			- Gnove
			
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		A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Remove
			Add
			Remove
			Add
			Remove
		 	
			
			Remove

6400 SW 96th Street			
Pinecrest, FL, 33156			
September 10th	2013		
A	20 Kay		
Signature of a	Typed or printed name of signee	of a member KAY	
	Page 3 of 3	7. B	
	Filing Fee: \$25.00	2013 SEP	
		P 16	
		E P	