06/28/2030

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.

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To:			ر الم
	Division of Co	orporations STA 1	
	Fax Number	: (850) 617-6383	<del>ب</del>
From:			(V)
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	
	Account Number	: 12000000019	
	Phone	: (305)552 <b>-</b> 5973	
	Fax Number	: (305)220-1440	
		A	<b>-</b>
*Enter tl	ne email address	s for this business entity to be used for fature	Ĥ,
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANDRES CONSULTING L & N LLC

Certificate of Status	1
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J. BRYAN

AUG 1 7 2012

EXAMINER

0 00:		
V VV.	#360	5 P.002/002
	H 1 2 0 0 0 2 0 6 3 3 4 ARTICLES OF CORRECTION FOR	
	FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY	
	ant to section 608.4115, F.S., this document is being submitted within the required 30 ess days to correct the attached articles of organization or application to transact businerida.	1.53 1.53
FIRS	T: The name of the limited liability company is: RN LLC	<del></del>
SECO	OND: The articles of organization or the application to transact business	
(C)	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMEN	<u>iT</u>
M	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  WRONG Name:	
	ANDRES CONSULTING L&N UC	
	CORRECT name:	
	ANDES CONSULTING L&N LLC	
	<u>OR</u>	
	Was defectively signed. The manner in which the document was defectively signed a the appropriate correction are as follows:	and
		<del></del>
		<del></del>
Dated	1: 08-16-12 Marie	
	Signature of a member or authorized representative of a member	
	Leonardo Viuces Typed or printed name of signee	
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	

CR2E062 (08/05)

#13409 P 002/003

H 1 2 0	) O (	204440
ARTICLES OF ORGANIZATION I	FOR	LORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Com	рапу	ş:
ANDRES CON	SU tited Lis	Iting L&N LLC bility Company, J.L.C." or "LLC.")
ARTICLE II - Address:		principal office of the Limited Liability Company is:
Principal Office Address:		Mailing Address:
14335 SW 120 ST.		
Miami FL 33186		
	own Re	ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address		
GENERAL C	pho,	ultina Services Group, Conf

GENERAL CO	indultina	SERVICES	GROUP,	$\mathcal{C}_{\alpha}$
	Name 🔾		1,	
14335 SW	120 3	ST. STE 21	1	
Plorida si	reet address (P.O.)	Box NOT acceptable)		
Miami	FL _	33186		
	City, State, and Zip	)		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position of registered agent as provided for in Chapter 608, F.S.

Registred Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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- MM の シン

H12	naging Member(s): nger or Managing Member is as follows:
ARTICLE IV- Manager(s) or Man	naging Member(s):
	ager or Managing Member is as follows:
Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	LEONARDO NUNEZ
	11335 SW 120 ST STE ZII
	Miami FL 33186
•	
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(Use attachment if necessary)	,
(obe analysis in noothary)	
RTICLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
an effective date is listed, the date must	be specific and cannot be more than five business days prior
or 90 days after the date of filing.)	
:	
REQUIRED SIGNATURE:	
<u> </u>	
Lucia	ac Theme
Signature of a memb	per or an authorized representative of a member.
constitutes an affirmation and	08.408(3). Florida Statutes, the execution of this document let the penalties of perjury that the facts stated herein are true.
I am aware that any false infor	rmation submitted in a document to the Department of State in a sprayided for in s.817.155, F.S.)
LEUNA	yped or printed name of signee
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