

L13 000148359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

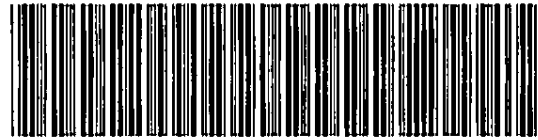
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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000382150000

LLC amend

03/22/22--01003--015 **35.00

2022 MAR -3 AM 8:44
FILED

A. RAMSEY

MAR 04 2022

*00789, 00524, 000671

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Andina Driving School, 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:

ROSA MENDEZ

Name of Person

ANDINA DRIVING SCHOOL, LLC

Firm/Company

8584 SW 9th ST.

Address

MIAMI, FL 33144

City/State and Zip Code

info@andina-driving-school.com

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

For further information concerning this matter, please call:

Rosa Mendez

Name of Person

at (305)

Area Code

385-7272

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 MAR -3 AM 8:44

(Name of the Limited Liability Company as it now appears on our records) SEE FILING
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L13000148359

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ROSA MENDEZ

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7275 SW 89th ST.

MIAMI, FL 33156

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ROSA MENDEZ

New Registered Office Address:

7275 SW 89th ST - Unit B209

Enter Florida street address

MIAMI

Florida

33156

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 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.

Rosa Mendez

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>President</u>	<u>Carlo Menzon</u>	<u>1910 N. Bayshore Drive,</u>	☐ Add
		<u>Unit 710</u>	
		<u>MIAMI, FL 33132</u>	☒ Remove
			☐ Change
<u>MANAGER</u>	<u>ROSA MENDEZ</u>	<u>7275 SW 89th St. Bldg</u>	☒ Add
		<u>MIAMI, FL 33156</u>	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 2/28/2022



Signature of a member or authorized representative of a member

Rosa Mendez

Typed or printed name of signer

Filing Fee: \$25.00