

L14 0000 74693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

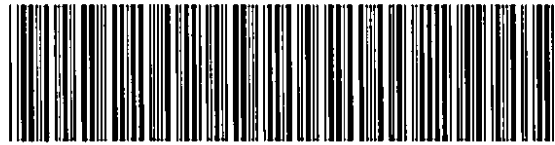
(Business Entity Name)

(Document Number)

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STATE OF CALIFORNIA
COUNTY OF SAN DIEGO

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T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANDANARTIN HOLDING 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:

JORGE SALCEDO

Name of Person

SALCEDO ATTORNEYS AT LAW, P.A.

Firm/Company

200 S BISCAYNE BLVD, SUITE 2700

Address

MIAMI, FL, 33131

City/State and Zip Code

JSALCEDO@LAWJSH.COM

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

For further information concerning this matter, please call:

JORGE SALCEDO

305

3750640

at ()

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**

ANDANARTIN HOLDING LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/08/2014 and assigned Florida document number L14000074693.

This amendment is submitted to amend the following:

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

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)

3675 N COUNTRY CLUB DR, APT 1409, AVENTURA, FL
33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3675 N COUNTRY CLUB DR, APT 1409, AVENTURA, FL
33180

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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 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.

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>
MGR	JUAN MANZUR SAADE	3675 NORTH COUNTRY CLUB DRIVE, UNIT 1404, DORAL, FL	<input type="checkbox"/> Add
		33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUAN MANZUR SAADE	3675 N COUNTRY CLUB DR, APT 1409, AVENTURA, FL	<input checked="" type="checkbox"/> Add
		33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUAN SAADE	3675 N COUNTRY CLUB DR, APT 1409, AVENTURA, FL	<input checked="" type="checkbox"/> Add
		33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

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 STATE OF ARIZONA
 DEPARTMENT OF STATE


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 NOVEMBER 05, 2018



Signature of a member or authorized representative of a member

JUAN SAADE

Typed or printed name of signee