UYDDAYISI

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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S. YOUNG

COVER LETTER

TO:

Registration Section

Division of Co				
SUBJECT: LOS AND	ES GLOBAL SERVICES LLO			
	Name of Lin	ited Liability Company		
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	YOSVANIS HERNANDI	EZ MARTINEZ		
		Name of Person		•
	LOS ANDES GLOBAL S	ERVICES LLC		
		Firm/Company		•
	8706 FOUNTIAN AVE			
		Address	,	S: 55
	TAMPA, FL 33615			ECRE
		City/State and Zip Code		NOV 30 P
	YOSVANY.HDEZ1974@0	GMAIL.COM to be used for future annual report noti	fication)	
For further information of	concerning this matter, please c	•	neuron,	PM 4: 59
YOSVANIS HERNAN	DEZ MARTINEZ	813 562-0390 at ()		Sh:
Name o	of Person		e Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOS ANDES GLOBAL SERVIC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
The Articles of Organization for this Limited I	iability Company were filed on	NOV. 20, 2015 and assigned
lorida document number L14000094787	·	
his amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name o</u>	of the limited liability company	here:
he new name must be distinguishable and contain the	words "Limited Liability Company," th	<u></u>
Enter new principal offices address, if appli	cable:	SEG: 5
Principal office address MUST BE A STRE	ET ADDRESS)	ARE NO T
		SEE 30 E
		지유 교 다
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	<u> </u>
B. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:		
· · · · · · · · · · · · · · · · · · ·	9704 FOLINITIANI AND	-
New Registered Office Address:	8706 FOUNTIAN AVE	lorida street address
	TAMPA	, Florida 33615
	City	, Florida 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 **Title** Name **Address Type of Action** Yosvany Hernandez Martinez Tampa, FL 32615 MGR. _□ Add **№** Remove ☐ Change Youvanio Hermodez Martinez Tampa FL 33615 X Add ☐ Remove ☐ Change ∯ 33 F ⊆□ Change ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change

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fective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	specific and car does not mee	nnot be prior to t the applicat	date of filing	or more than 90	days after filin	g.) Pursua	ant to 60 ot be lis	05.02 sted
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Page 3 of 3

Filing Fee: \$25.00