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OCT 18 2016 J. HARRIS

COVER LETTER

Div	ision of Corpo	prations		
SUBJECT:		ANDS HOLDING LLC		
SODJECT.		Name of Limit	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	lence concerning this matter to	o the following:	
			Name of Person	
		SKYLINE INVESTMENT	FUND LLC	
			Firm/Company	
		2950NE 188THSTUNIT	536	
			Address	
		AVENTURA, FL, 33180		
			City/State and Zip Code	
		B.CIERNY@ME.COM		· · · · · · · · · · · · · · · · · · ·
			be used for future annual report notifi	ication)
For further in	formation con	cerning this matter, please cal	11:	
BRANISLA	V CIERNY		305 6802103	
	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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:

TO:

Registration Section

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

(Italie of the Bringer Emple	Ity Company as it now appears on our records. a Limited Liability Company))	
(A Florida	a Limited Liability Company)		
The Articles of Organization for this Limited Liability C	Company were filed on 07/29/2016	and assigned	
Florida document number L16000142754			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		5	
(Principal office address MUST BE A STREET ADDR	RESS)	3	
e de la constant de l			
		7 440	
Enter new mailing address, if applicable:		25. Marian	
(Mailing address MAY BE A POST OFFICE BOX)			
CONTROL OF THE BOX			
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, lress here:	enter the name of the	
og the desired of the new registered office and			
Name of New Registered Agent:			
Name of New Registered Agent:			
	Enter Florida street address		
Name of New Registered Agent:		ida	
Name of New Registered Agent:	Enter Florida street address , Flor City	ida Zip Code	

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Type of Action
MGR	KAMILA BARTONOVA	JINDRICHA PLACHTY 27	Add
		PRAHA, CZ 15000	Remove
		CZECH REPUBLIC	☐ Change
MGR	MAXIMILIAN RUMANOVSKY	MASARYKOVO NAMESTI 1	Add
		PELHRIMOV, CZ 39301	☐ Remove
		CZECH REPUBLIC	Change
	page 15 15 15 15 15 15 15 15 15 15 15 15 15		Add
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an effective date is lote: If the date is	listed, the date must be inserted in this block ive date on the Depar	specific and cannot lead the does not meet the	be prior to date of t applicable statu	filing or more than 9	0 days after filing.)	
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Filing Fee: \$25.00