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COVER LETTER

ro:		stration Sect sion of Corp			
	e e e e e e e e e e e e e e e e e e e	Andelora Ind	ustries, LLC		
SUBJE	.CI:		Name of Lim	ited Liability Company	
The enc	losed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
'lease r	return	ali correspon	dence concerning this matter	to the following:	
			Mary Franco		
				Name of Person	
			Andelera	Industries LL	<u> </u>
			199 Pine Street, #44	Firm/Company	
				Address	
			Geneva, FL 32732		
			<u> </u>	City/State and Zip Code	
			mary francowaag@att.net		
			E-mail address: (I	to be used for future annual report r	offication)
or furt	her in	formation cor	ncerning this matter, please ca	all:	
Mary F	ranco			at $(\frac{937}{\text{Area Code}})$ Day	1-6271
		Name of I	Person Person	Area Code Day	time Telephone Number
Enclose	ed is a	check for the	following amount:		
■ \$2,5	5.00 Fi	ling 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
Cliffon Building
2661 Executive Center Circle Tallahassee, FL 32301)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Andelora Indsutries, LLC				
(<u>Name of the Limited Lia</u> (A Flo	ability Company orida Limited Lia	as it now appears bility Company)	on our records.)	
he Articles of Organization for this Limited Liabilitorida document number L17000128612	ty Company w	ere filed on 06/1	3/2017	and assigned
	·			
nis amendment is submitted to amend the following	g:			
. If amending name, enter the new name of the	limited liabili	ty company her	<u>e</u> :	
ne new name must be distinguishable and contain the words	Limited Liability	Company," the des	signation "LLC" or th	ne abbreviation "L.L.@"
nter new principal offices address, if applicable:				3 5 € €
rincipal office address MUST BE A STREET AL	ODRESS)			<u>~ ~ 5∏</u>
		_		
				AP OR ME
nter new mailing address, if applicable:				0 0 0 X
<u> 1ailing address MAY BE A POST OFFICE BOX</u>	2 .			
		_		
. If amending the registered agent and/or re		ce address on	our records, <u>en</u>	ter the name of the
gistered agent and/or the new registered office a	<u>address</u> here:			
Name of New Registered Agent:	_	<u> </u>	·	
New Registered Office Address:		Enter Elevie	lo street address	
New Registered Office Address:		Enter Floria	la street address , Florida	

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christopher Waag	199 Pine Street, #44	
		Geneva, FL 32732	Remove
			■ Change
MGR	Mary Franco	199 Pine Street, #44	Add
		Geneva, Fl. 32732	□ Remove
			■ Change
			Add
			☐ Remove
			Change
			Add
			Remove
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			□ Change

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ffective date, if other	than the date of filing: _		(0	ptional)	, n e 030
Note: If the date inserted	in this block does not meet on the Department of State	the applicable statut	ory filing requirements.	this date will not be l	isted as
The 90th day after				1 a.m. on the ea	rlier o
Dated May	Joy Trance Signature of a member	018			
/uicu		 -			
l	las tranco				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00