

NOV/06/2017/MON 09:47 PM

FAX No.

P. 001/005

11/3/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000290845 3)))



H170002908453ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ANDA OF FLORIDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2017 NOV -6 PM 5:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 NOV -6 AM 10:26

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN

NOV 07 2017

NOV/06/2017/MON 03:47 PM

FAX No.

P. 002/005

850-617-6381

11/6/2017 11:50:21 AM PAGE 1/001 Fax Server



November 6, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ANDA OF FLORIDA LLC
825 SW 44 AVE
LOT A-102
CORAL GABLES, FL 33134US

SUBJECT: ANDA OF FLORIDA LLC
REF: L17090155257

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

FAX Aud. #: H17000290845
Letter Number: 617A00022397

2017 NOV -6 PM 4:43
FAXED

P.O BOX 6327 - Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ANDA OF FLORIDA 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 07/20/2017 and assigned
Florida document number L17000155257.

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)

13540 N. FLORIDA AVE

STE: 206-C

TAMPA, FL 33613

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13540 N. FLORIDA AVE

STE: 206-C

TAMPA, FL 33613

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:

13540 N. FLORIDA AVE STE: 206-C

Enter Florida street address

TAMPA

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

NOV/06/2017/MON 03:48 PM

FAX No.

P. 004/005

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUAN L LAGO ALVAREZ	13540 N. FLORIDA AVE	<input checked="" type="checkbox"/> Add
		STE: 206-C	<input type="checkbox"/> Remove
		TAMPA, FL 33613	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

10 NOV 6 10:26
 FILED
 ADD
 REMOVE

NOV/06/2017/MON 03:48 PM

FAX No.

P. 005/005

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 ,

Log

Signature of a member or authorized representative of a member

JUAN L. LAGO ALVAREZ

Typed or printed name of signee

FILED
17 NOV -6 AM 10:26
SHERIFF'S OFFICE
TALLAHASSEE, FLORIDA