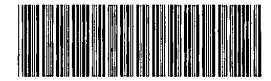
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(Address)
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COVER LETTER

SUBJECT:	PORACION ANDUJAR & AFAN		
	Name of E	imited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are si	ubmitted for filing.	
Please return all co	rrespondence concerning this matte	er to the following:	
	YNGRID ROCIO AFAI	NADOR MANTILLA	
		Name of Person	
	CORPORACION AND	UJAR & AFANADOR, LLC	
		Firm/Company	
	525 SW 130TH AVE		
	Address		
	DAVIE, FLORIDA 333	25	
	HATENEZA COOLINETINE	City/State and Zip Code	
	JIMENEZACCOUNTING E-mail address	: (to be used for future annual report notif	ication)
For further informa	ation concerning this matter, please	call:	
YNGRID ROCIO	AFANADOR MANTILLA	850 273-0758	
Name of Person		at () Area Code Daytime	: Telephone Number
Enclosed is a check	: for the following amount:		
■ \$25.00 Filing F	-	☐ \$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 Division of Corporations

> 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

CORPORACION ANDUJAR & AFANADOR, 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 Liab		10/2017 and as
Florida document number L17000171171		
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of t	he limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
		, .
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name
Name of New Registered Agent:		***
New Registered Office Address:		
	Enter Flor	ida street address
		, Florida
	Сиу	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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wic accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docbeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabil company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Age

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type (
MGR	YNGRID ROCIO AFANADOR MANTILLA	525 SW 130TH AVE	
		DAVIE ELOPIDA 2125	
		DAVIE, FLORIDA 33325	= Re
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.ffec	tive date, if other than the date of filing: (optional) fleetive 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
ote:	ffective 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 a lift the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I nent's effective date on the Department of State's records.
e re Th	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ease 90th day after the record is filed.
atec	AUGUST 21ST 2019
, acc	
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member
	YNGRID ROCIO AFANADOR MANTILLA
	Typed or printed name of signee

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

Page 3 of 3

Filing Fee: \$25.00