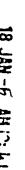
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COVER LETTER

	stration Session of Cor			
SUBJECT:	Andrew L C	Garcia, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
·			10.101.01	
The enclosed	Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Andrew L Garcia		
			Name of Person	
		Andrew L Garcia, LLC		
			Firm/Company	
		4522 West Village Drive S	ite 160	
			Address	
		Tampa, FL 33624		
			City/State and Zip Code	
		22garcia22@gmail.com		<u> </u>
		E-mail address: ()	to be used for future annual report not	iffication)
For further in	formation co	oncerning this matter, please ca	all:	
Andrew Gard	ria		863 381-6428	
	Name of	Person		ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 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)
	MAILI	NG ADDRESS:	STREET/COUR	IER ADDRESS:
	Registra	ation Section	Registration Secti Division of Corpo	on
	P.O. Bo	n of Corporations ox 6327	Clifton Building	
	Tallaha	ssee. FL 32314	2661 Executive C Tallahassee, FL 3	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Andrew L Garcia, LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L17000263171	were filed on December 28, 2017 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company " the designation "LLC" or the abbreviation "LLC"			
1	1 XS			
Enter new principal offices address, if applicable:	- B F. C			
(Principal office address MUST BE A STREET ADDRESS)				
·				
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agrorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is			
If Chai	nging Registered Agent, Signature of New Registered Agent			

Page 1 of 3

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 **Type of Action Address** Title ' Name | 12720 N. Oakleaf Ave. Tampa FL. 33612 Andrew L Garcia MGR **■** Add □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

f amending any other information, enter ch	nange(s) here: (Atta	ch additional sheets, if necess	ary.)
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Effective date, if other than the date of filing fan effective date is listed, the date must be specific and		(optional filling or more than 90 days after filling	
Note: If the date inserted in this block does not m locument's effective date on the Department of St		utory filing requirements, this da	te will not be listed as
e record specifies a delayed effective d The 90th day after the record is filed.	ate, but not an ef	fective time, at 12:01 a.m	1. on the earlier of
Dated) 		
Andro	D d.	Maria	
	nember or authorized fep	presentative of a member	· · ·
Signature of a n	, ,		
Andrew L Garcia			

Page 3 of 3

Filing Fee: \$25.00