L18000058347

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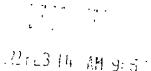
COVER LETTER

TO:	Registration Se Division of Cor	ection porations			
SUBJI	ECT:				
		Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Vilma Yaneth Fiesco			
			Name of Person		
		ANDREW FAMILY MAI	NAGEMENT LLC		
			Firm/Company		
		5156 NW 116 CT			
			Address		
		DORAL, FL 33178			
	City/State and Zip Code				
		janethfiesco@hotmail.com			
		E-mail address: (to be used for future annual report no	tification)	
For fur	ther information c	oncerning this matter, please of	all:		
Janeth	Fiesco		786 403 6798		
	Name o	f Person	at () Area Code Daytir	ne Telephone Number	
Enclos	ed is a check for th	ne following amount:			
■ \$2	5.00 Filing Fee	S30.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ANDREW FAMILY MANAGEMENT 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 03/05/2018 Florida document number ____18000058347 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ANDREW FAMILY LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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

__, Florida ___

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>	Address	Type of Action
			□Add
			\ _Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Add
			□Remove
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			□ Change

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ecti	ive date, if other than the date of filing:
eff	ective 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 605,020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
rec	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
he	90th day after the record is filed.
	02/9/2022
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	lout his su
	Signature of a member or authorized representative of a member
	VILMA YANETH FIESCO
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Filing Fee: \$25.00