L19000096084

(Requestor's Name)
88884.
(Address)
(Address)
(6) (6) 17. (7)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100361089581

08/02/21--01019--017 ++25.00

11/21

COVER LETTER

	ration Section n of Corporat				_		
An SUBJECT:	idyco Contract	ors LLC		;	.],	•	
3000DC1		Name of Lin	ited Liability Company		i		
The enclosed Ar	ticles of Amen	dment and fee(s) are sub	mitted for filing.				
Please return all	correspondence	ce concerning this matte:	to the following:				
•	•				:		
	A	nderson Aguilar			٠		
			Name of Person				
	Α	ndyco Contractors LLC					
	_		Firm/Company				
	13	330 NE 133 rd St					
			Address				
	M	liami Fl 33161					
	, ,		City/State and Zip Code	i	, '		
		E-mail address: (to be used for future annual	report notifi	cation)		
For further infor	rmation concer	ning this matter, please c	all:				
Alex Velazquez			786 521	1-4014	•		
	Name of Perso	on	Area Code	Daytime	Telepho	one Number	
	,			!	I		
Enclosed is a ch	eck for the fol	owing amount:					
≡ \$25.00 Filit	ng Fee □	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc			Certified (of Status &
	g Address:		Street Ac	ddress:	. :		

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

AFTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Andyco Contractors LLC	· · · · · · · · · · · · · · · · · · ·	,
· •	Company as it now appears on our record	<u>(s.)</u>
(A Florida L	imited Liability Company)	
he Articles of Organization for this Limited Liability Con	mpany were filed on 04/08/2019	and assigned
lorida document number L19000096084	:	
iorida document number		
his amendment is submitted to amend the following:	, •	
If amending name, enter the new name of the limite	ad liability company here:	,
If amending name, enter the new hame of the finite	eu naomity company neie.	•
		W 4 11 14 17 17 18
he new name must be distinguishable and contain the words "Limite		or the appreviation "L.L.C."
inter new principal offices address, if applicable:	1330 NE 133 rd ST	
Principal office address MUST BE A STREET ADDRE	ESS) Miami, Fl 33161	ŧ
		1
Inter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •	<u></u> ;	
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		.1 6.1
If amending the registered agent and/or registered egent and/or the new registered office address here:	office address on our-records, enter	the name of the new regi
		*~3
Ar D. C. LA		2621
Name of New Registered Agent:		•
New Registered Office Address: 1330 NE	E 133 rd ST	<u> </u>
	Enter Florida street addre	ss ; ;
. Miami	, Fl	orida 33161.
-	City	-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

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
P	Anderson Aguilar		1330 NE 133 rd ST Miami , FI 33161	■Add
				□ Remove
		,	<u> </u>	□Change
				; □Add
				; □ Remove
				□Change
				□Add
				□Remove
	,			□Change
				□Add
				□Remove
		ì		□Change
	<u> </u>		·	<u>.</u> □Add
				□ Remove
				□Change
		; ; !		🗀 Add
		:		□ Remove
	,	•		, □Change

_		1	<u> </u>	
<u>-</u>	<u>'</u>	1	1 1 1 1	
_	<u> </u>		<u> </u>	:
_				
_	j		.!	
_	:			<u> </u>
_		:	<u> </u>	· • • • • • • • • • • • • • • • • • • •
_				· · · · · · · · · · · · · · · · · · ·
-		···		· ·
_				
-	1 % 4			
_				
_	,		,	
-			<u></u>	
mee .		02/01/2021	(ontion	-I)
(If an eff Note:	ive date, if other than the date feetive date is listed, the date must be of the date inserted in this block that's effective date on the Depart's	e specific and cannot be prior to date o k does not meet the applicable sta	(option: f filing or more than 90 days after file tutory filing requirements, this d	ing.) Pursuant to 605.02
docum	ient's effective date on the Depa	artment of state's records.		
the recor		late, but not an effective time, at I	2:01 a.m. on the earlier of: (b)	The 90th day after th
	02/24	2021		