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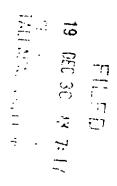
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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JAN 29 2020

S. YOUNG

COVER LETTER

TO:			÷			
end in	ver.	ANDRES J	OAQUIN ANDRES, LLC			
SUBJE		Name of Lim	ited Liability Company	. <u> </u>		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please .	return all correspo	ondence concerning this matter	to the following:			
		ANDRES JOAQUIN ANI	DRES			
	Name of Person Area Code Daytime Telephone Number Lis a check for the following amount:					
		ANDRES JOAQUIN ANI	DRES, LLC			
	Firm/Company					
		5238 STACY ST APT 8				
		WEST PALM BEACH FL 33417				
		E-mail address: (to be used for future annual report not	tification)		
For furt	ther information o	oncerning this matter, please ca	all:			
Mailen	·		at ()			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclose	ed is a check for th	ne following amount:				
≡ \$25	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANDRES JOAQUIN ANDRES,	LLC			33 6
*		any as it now appears on Liability Company)	our records.)	 _ = U
	(A riorida Limited	Clability Company)		<u>s.</u> !
The Articles of Organization for this Limited L	iability Company	were filed on 12/14/	2019	and assigned
Florida document number L19000304678	· · · · · · · · · · · · · · · · · · ·			_
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liah	oility company here:		
ANDRES ANTONY LANDSCAPING, LLC				
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the design	nation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applie	able:	5238 STACY ST A	PT 8	
(Principal office address MUST BE A STREET ADDRESS)		WEST PALM BEA	CH FL 33417	
			<u> </u>	
Enter new mailing address, if applicable:		SAME AS ABOVE		
(Mailing address MAY BE A POST OFFICE	BOX)			
			 	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : ss here:	address on our recor	ds, <u>enter the nar</u>	me of the new registered
Name of New Registered Agent:	ANDRES JOA	AQUIN ANDRES		
New Registered Office Address:	5238 STACY	ST APT 8		
		Enter Florida s	treet address	
	WEST PALM	BEACH	. Florida ^{3:}	3417

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Type of Action
AMBR	ANDRES JOAQUIN ANDRES	5238 STACY ST APT 8 WEST PALM BEACH F	
			□Remove
			□Change
			□Add
		□Remove	
			🗆 Change
			□Add
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vote:	ive date, if other than the date of filing:
i is fii	
ated	12-28-19 Andrés Signature of a member or authorized representative of a member
	Andres Signature of a member or authorized representative of a number
	organises of a member of anatorized representative of a member
	ANDRES JOAQUIN ANDRES

Filing Fee: \$25.00