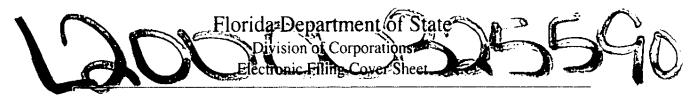
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pg 1 of 4

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

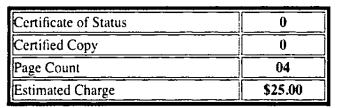
From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

<b>Fmail</b>	. Address:			
LINGIL	. AUUI 633.			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANDES BLOCK LLC





Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Andes Block LLC

·	7 (I I GO DIOOK EE	<del></del>		<u> </u>
(Name of the Lim	oited Liability Company as it no (A Florida Limited Liability C	ow appears of ompany)	our records.)	
The Articles of Organization for this Limited l		ed on	10/14/2020	and assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liability com	npany here:		
The new name must be distinguishable and contain the	words "Limited Liability Compa	any," the desig	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	icable: 501 S	32 91st CT	, Miami, Florida	33174
Principal office address MUST BE A STRE	ET ADDRESS)			2025 .
Enter new mailing address, if applicable:	501 S	32 91st CT	Miami, Florida	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or agent and/or agent and/or the new registered office address.		on our reco	rds, <u>enter the nan</u>	e of the new register
Name of New Registered Agent:	Corporate Creations Network Inc.			
New Registered Office Address:	801 US Highway 1			
	North Palm Beach	Enter Florida .	street address , Florida 3	3408
	City	············	, Florida <u>~</u>	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.

Crystal Thackoor Crystal Thackoor, Special Secretary
of 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>	Name	<u>Address</u>	Type of Action
AMBR	PAOLO ROSSE CABRERA	501 S2 91st CT, Miami, Florida 33174 (Only changing the address)	🗆 Add
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(If an effective Note: If t	date, if other than the dat we date is listed, the date must be he date inserted in this block 's effective date on the Depar	specific and cannot be prior t does not meet the applica			
the record sp cord is filed.	pecifies a delayed effective da	te, but not an effective tin	me, at 12:01 a.m. on the	e earlier of: (b) The 90th de	ay after the
Dated	January 24	, 2025	_·		
		Crystal nature of a member or author	Thackoor		
	Sign	nature of a member or author	rized representative of a r	nember	
		Crystal Thack	oor, Attorney-in-F	act	
		Typed or printe	oor, Attorney-in-F		<del></del>