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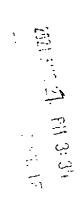
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COVER LETTER

то:	Registration Sec Division of Corp		•	•
SUBJE	CT:	Andara LLC Name of Limi	ted Liability Company	
The end	closed Articles of A	mendment and fee(s) are subt	nitted for filing.	
Please	return all correspon	dence concerning this matter t	to the following:	
		A	NUIRS Marin	
			Firm/Company	
		13765	SW 170 terrace	
		Miani	FL 33177 City/State and Zip Code S1439 G. Mail. Com to be used for future annual report not	
		E-mail address: (1	SIH 3 Q c mail. (3 m o be used for future annual report nou	fication)
For fur	ther information co	ncerning this matter, please ca	all:	
	Anuics Name of	Mg/1h Person	at (<u>786</u>) <u>546-6</u> Area Code Daytim	253 ne Telephone Number
Enclose	ed is a check for the	e following amount:		
IV 52	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

(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	·····
The Articles of Organization for this Limited Liability Con	i i	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited Team Marin Trive	stiments icc	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	13765 SW 170 terr ss Migmi fl 33177	4.Q
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		. 5-2
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:	Andres Marin	PH
New Registered Office Address:	13765 SW 170 +erfete Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	Migmi, Florida	33177 Zin 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 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
MGR	Chavaro, Andres	98-08 Metropolitan avet	# □Add
		Forest Hills, Ny 11375	Exemove
			□Change
MGR	Chavarro, Danilo	831 S. 3vd St	□Adđ
		Philadelphia, PA 19147	tv Remove
			□Change
MGR	Marin Andres	13765 SW 170 + errace	©Ádd
		Migmi FL, 33177	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□ Λ dd
			□Remove

fan effectiv <u>Note:</u> If th	date, if other than the date of filing:
record sp d is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	8/24/2021 to M
	Signature of a member or authorized representative of a member
	Anucls Marin Typed or printed name of signee