10/24/23, 3:21 PM

Division of Corporations

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Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AV ACCOUNTING ASSOCIATES CORP

Account Number : I28220800141 : (954)937-5905 Fax Number : (954)288-9209

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

Email Address:___

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S. R. A. LATG

OCT 2 5 2023

COVER LETTER

| ANDS LLC Name of Limi | ited Liability Company | |
|---|---|--|
| Name of Limi | ted Liability Company | |
| | . , , | |
| indment and fee(s) are sub- | mitted for filing. | |
| nce concerning this matter | to the following: | |
| uan Pablo Achinte Giraldo |) | |
| | Name of Person | |
| | Firm/Company | |
| | Address | |
| | City/State and Zip Code | |
| | | ation) |
| | at () | |
| 501) | Area Code Daytime | Felephone Number |
| Howing amount: | | |
| \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed) |
| ion | <u>StreetAddress:</u> Registration Sect | ion |
| | Division of Corpo | orations |
| 22213 | | |
| | E-mail address: (erning this matter) blowing amount: \$30.00 Filing Fee & | Address City/State and Zip Code E-mail address: (to be used for future annual report notifice erning this matter, please call: at () son |

Tallahassee, FL 32303

To: Page: 6 of 8 ' 2023-10-24 19:23:23 GMT 19542080209 From: Alfonso Velez

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa (A Florida Limited | iny as it now appears on our records.) Liability Company) | | |
|--|--|-----------------------|--|
| The Articles of Organization for this Limited Liability Company Florida document number L21000351071 | were filed on <u>08/02/2021</u> | and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the | abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 1525 N PARK DR SUITE 104 | | |
| Principal office address MUST BE A STREET ADDRESS | WESTON FL 33326 | 700 | |
| | | - | |
| Enter new mailing address, if applicable: | 1525 N PARK DR SUITE 104 | | |
| Mulling address MAY BE A POST OFFICE BOX) | WESTON FL 33326 | | |
| | | | |
| | | 12 | |
| New Registered Office Address: New Registered Office Address: | Enter Florada street address | | |
| | | | |
| | | | |
| | Florida _ | Zip Code | |
| | , Florida_ | Zip Code | |

If Changing Registered Agent, Signature of New Registered Agent

From: Alfonso Velez.

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 |
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From: Alfonso Velez

D.

| Effective date, if other than the date of filing: [In a effective date is listed, the date must be specific and caused be price to date of filing or more than 90 day, after filing.) Pursuant to 605.0207. Note: If the date inserted in this block does not need the applicable statutory filing requirements. This date will not be fisted as i document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of (b). The 98th day after the red is filed. Dated October 24 Quan Pablo Achita Gualdo Signature of a member of authorized representative of a member. Jean Pablo Achitae Gualdo. | | | - | | |
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