## 622000030877

(Re	questor's Name)	
(Ad	dress)	
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(Pia	JChaha IZin /Dhan	40
(Cit	y/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to		
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Office Use Only



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SECRETARY OF STATE STORE OF STATE

T. MATTHEWS JUL 27 2022



Division of Corporations

RECEIVED

2022 JUL 21 AM 10: 12

July 11, 2022

ROB MCCORMACK 1776 HAMMOCK DRIVE FERNANDINA BEACH, FL 32034

SUBJECT: ANDES STR FL BROKERAGE, LLC

Ref. Number: L22000030877

We have received your document for ANDES STR FL BROKERAGE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If amending authorized person(s) authorized to manage you must enter the title, name, and ADDRESS of each person being added to our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 422A00015287

Tekayla T Matthews OPS

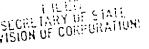
www.sunbiz.org

### COVER LETTER

	ation Section of Corporations
	des STR FL Brokerage LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Art	icles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Rob McCormack
	Name of Person
	Andes STR, Inc.
	Firm/Company
	1776 Hammock Drive
	Address
	Fernandina Beach, FL 32034
	City/State and Zip Code
	rob@andstr.com  E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
Rob McCormacl	650 305-9030
	Name of Person Area Code Daytime Telephone Number
Enclosed is a che	ck for the following amount:
\$25,00 Filing	Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee. Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
Registi Divisio P.O. B	Address: ation Section n of Corporations ox 6327 sssee, 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 SECRETARY OF STATE OF DIVISION OF CORPORATION:



22 JUL 21 PM 3: 02

Andes STR FL Brokerage LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 01/27/2022	and assigned	
Florida document number 1.22000030877			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	Park Hill Place		
(Principal office address MUST BE A STREET ADDRESS)	830 North John Young Parkway		
	Kissimmee, Florida 34741		
Enter new mailing address, if applicable:	1776 Hammock Drive		
(Mailing address MAY BE A POST OFFICE BOX)	Fernandina Beach, FL 32034		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addre	255	
	, F	lorida	
<del></del>	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		SECKETARY OF STATE SECRETARY OF CORPORATIONS OF CORPORATIONS	
<u>Title</u>	<u>Name</u>	<u>Address</u>	22 JUL 21 PM 3: 02	Type of Action
				□Add
		<del></del>		□Remove
				□Change
	<del> </del>	<del></del>		□Add
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				□Change
				□Add
				□Remove
				□Change

	ending any other information, enter change(s) here: (Attach additional sheets of people sheets) (ATTACH STATE  Susan Kathleen Trover has been named Secretary of Andes STR FL Brokerage LLC. Please list her accordingly
	on Sunbiz.org.
	Park Hill Place 830 N John Young Packway Kissimee FL 54791 34741
(If an ef <u>Note:</u>	ive date, if other than the date of filing:
ne record ord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	May 3rd , 2022
	$\sim 1/3$ $\sim 1/3$

Filing Fee: \$25.00