L22000111092

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	ocument Number)	<u>. </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2022 MAY 18 AM II: 21



A. BUTLER MAY 19 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 691472 7437312
AUTHORIZATION: Symbolic man
COST LIMIT : \$ 25.00
ORDER DATE : May 18, 2022
ORDER TIME : 10:29 AM
ORDER NO. : 691472-010
CUSTOMER NO: 7437312
DOMESTIC AMENDMENT FILING NAME: ANDES STR FL REALTY, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland EXT#

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration 8 Division of Co			
ANDES S	TR FL Realty, LLC.		
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fec(s)`are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kim C. Booker, Attorney		
		Name of Person	
	Booker & Associates, P.A		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	1019 Town Center Drive S	Suite 201	
		Address	101.2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Orange City Fl 32763		
		City/State and Zip Code	
	kbooker@bookerandassoc.c	om to be used for future annual report noti	Contin
For further information (concerning this matter, please of	•	incation
Kim C. Booker	er 386 774 6552 at (
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30,00 Filing Fec & 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 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

FILED

2022 MAY 18 AM 11: 22

ANDES STR FL REALTY, LLC		STODETANGE
(Name of the Limited L (A F	ability Company as it now appears on our re- orida Limited Liability Company)	COTOS.) LLAHASSEE, FL
The Articles of Organization for this Limited Liabil:		22 and assigned
Florida document number L22000111092	,	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		.,
	Enter Florida street address	
	City	Florida Zip Code
	Çiny.	ing Cont

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 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

Title	<u>Name</u>	Address	Type of Action
MGR	Jonathon Lickstein	Park Place Hill, 830 North John Young Pkwy	🗏 Add
		Kississimmee, FI 34741	□Remove
			[] Change
			□Add
			□Remove
			□Change
			□Λdd
			DRemove
			Change
			□ Add
			□Remove
			□ Change
,			□ Add
			□ Remove
			Change
			□Λdd
			🗆 Remove
			□Change

ri umenamg a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
	
	
Note: If the dat	if other than the date of filing:
e record specific rd is filed.	s 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 May 18	2022
Dated	17/1/2
	Signature of a member or authorized representative of a member
Kim	C. Booker, attorney as authorized representative Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

Division of C	orporations			
	STR FL Realty, LLC.			
SOBJECT:	VBJECT: Name of Limited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
	Kim C. Booker, Attorney			
		Name of Person		
	Booker & Associates, P.A			
		Firm/Company		
	1019 Town Center Drive	Suite 201		
		Address		
	Orange City Fl 32763			
		City/State and Zip Code		
	kbooker@bookerandassoc.	com (to be used for future annual report noti		
For further information	concerning this matter, please of	•	neanon)	
Kim C. Booker		386 774 6552		
Name	of Person	Area Code Daytimo	c Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fec	S30.00 Filing Fee & Certificate of Status	Cartified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	etion	

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

TO: Registration Section

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