L22000111092

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bu	ısiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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DIVISION OF CONTORATION 22 JUL 21 PH 3: 02

T. MATTHEWS

JUL 27 2022



RECEIVED

2022 JUL 21 AH 10: 12

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 8, 2022

ROB MCCORMACK 1776 HAMMOCK DRIVE FERNANDINA BEACH, FL 32034

SUBJECT: ANDES STR FL REALTY, LLC

Ref. Number: L22000111092

We have received your document for ANDES STR FL REALTY, 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 name, title, 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.

Tekayla T Matthews OPS

Letter Number: 222A00015288

www.sunbiz.org

COVER LETTER

TO: Registration Section

Divi	sion of Cor	porations				
OUD ID GT	Andes STR	R.F.L. Realty L.L.C				
SUBJECT:		Name of Lim	ited Liability Company	•		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
		ondence concerning this matter	-			
	а • • • • • • • • • • • • • • • • • •		to the rollowing.			
		Rob McCormack				
		Name of Person				
		Andes STR, Inc.				
			Firm/Company			
		1776 Hammock Drive				
			Address			
		Fernandina Beach, FL 320	34			
			City/State and Zip Code			
		rob@andstr.com	to be used for future annual report not	(lication)		
For further in	fornistion c	oncerning this matter, please ca	•	incution		
Rob McCorn	nack		650 305-9030 at()			
	Name o	f Person	Area Code Daytin	e Telephone Number		
Enclosed is a	check for th	ne following amount:				
₫ \$25,00 F	iling Fee	□ \$30,00 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)		
	ling Addres		Street Address:	ation		
	sistration Sision of C	Section Torporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of T	The Centre of Tallahassee			
Tall	ahassee, I	FL 32314	2415 N. Monro Tallahassee, Fl	e Street, Suite 810 2 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION: TELEST OF STATE OF ORYGINALISMS OF CORPORATIONS

Andes STR FL Realty LLC

22 JUL 21 PM 3: 02

(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 $\frac{03/17/2022}{1}$ _____ and assigned Florida document number 1.22000111092 This amendment is submitted to amend the following: 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

Cirv

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		ONVISION OF CORPORATION		
<u>Title</u>	<u>Name</u>	Address	22 JUL 21 PM 3: 02	Type of Action
				
				□Remove
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on Sunbiz.org.	22 JUL 21 PH 3: 02
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) KCK Way
Kissimee FL 34741	
MOS MCC 12 Dilli	
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date	(optional)
ote: If the date inserted in this block does not meet the applicable	
cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
May 3rd 2022	
nted,	