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Cralaslanza

COVER LETTER

Articles of A	Name of Lim Mame of Lim mendment and fee(s) are sub dence concerning this matter IRIS M BRICENO REPUESTOS ANDINOS	to the following: Name of Person		
	mendment and fee(s) are sub dence concerning this matter IRIS M BRICENO	omitted for filing. to the following: Name of Person LLC		
	IRIS M BRICENO	Name of Person		
	IRIS M BRICENO	Name of Person		
all correspon	IRIS M BRICENO	Name of Person		
		LLC		
	REPUESTOS ANDINOS	LLC		
	REPUESTOS ANDINOS			
		Firm/Company		
				
	18117 BISCAYNE BLVD	3112		
		Address		
	AVENTURA, FL 33160			
		City/State and Zip Code		
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formation cor			героп пописан	(n)
ENO			-0-0372	
Name of l	Person	Area Code	Daytime Tel	ephone Number
check for the	following amount:			
ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Name of I	ustuempresa@gmail.com E-mail address: 6 formation concerning this matter, please compared to the following amount: fing Fee	AVENTURA, FL 33160 City/State and Zip Code ustuempresa@gmail.com E-mail address: (to be used for future annual formation concerning this matter, please call: ENO 786 34 at (AVENTURA, FL 33160 City/State and Zip Code ustucmpresa@gmail.com E-mail address: (to be used for future annual report notificati formation concerning this matter, please call: ENO 786 340-0372 at (

Registration Section

TO:

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



REPUESTOS ANDINOS LLC			702	2 Mat 23 Ph 2: 45
(Name of the Limite	d Liability Compa	ny as it now appears (Liability Company)	on our records.)	
) The Articles of Organization for this Limited Lia			· į	ALL LEFE
_	ability Company	were filed on		and assigned
Florida document number 1.22000152504	 ·			
This amendment is submitted to amend the follo	wing:			ì
A. If amending name, enter the new name of	the limited liab	ility company hero	<u>2</u> ;	
NA				
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the des	ignation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		19370 COLLINS	AVE, APT 1014	
(Principal office address MUST BE A STREET ADDRESS)		SUNNY ISLES B	EACH, FL 33160	
				<u></u> _
Enter new mailing address, if applicable:		19370 COLLINS .	AVE, APT 1014	:
(Mailing address MAY BE A POST OFFICE BOX)		SUNNY ISLES B	EACH, FL 33160	
B. If amending the registered agent and/or re agent and/or the new registered office address		address on our rec	ords, <u>enter the pa</u> i	ne of the new registered
Name of New Registered Agent:	IRIS M BRICE	ENO		
New Registered Office Address:	19370 COLLINS AVE APT 1014			
		Enter Floride	a street address	1
	SUNNY ISLES	SBEACH	Florida ³	3160
	· - 	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.

Aris Bricano

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	IRIS M BRICENO	19370 COLLINS AVE. APT 1014	
		SUNNY ISLES BEACH, FL 33160	□Remove
			■Change
NA ———	NA	NA	□ Add
			□Remove
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Effective date, if other than the	data of Clina		(atau D	
f an effective date is listed, the date must	t be specific and cannot be pr	rior to date of filing or	more than 90 days after filing	.) Pursuant to 605.0207
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the app	licable statutory fili लंड	ing requirements, this date	will not be listed as
e record specifies a delayed	l effective date but	not an effective	time at 12:01 a m	on the earlier of
The 90th day after the reco	ord is filed.	mor an enecure	time, at 12.01 d.m.	on the carrier of
Dated MAY 19TH	2022	<u> </u>		
		<u></u>		
	,			
	Aris	Bricano		<u></u>
	Signature of a member or au	Briceno thorized representativ	ve of a member	<u> </u>

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