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	(Requestor's Name)	_
	(Address)	_
	(Address)	-
	(City/State/Zip/Phone #)	_
PICK-UP	WAIT MAIL	
	(Business Entity Name)	_
	(Document Number)	_
Certified Copies	Certificates of Status	
Special Instructions to	o Filing Officer:	7

Office Use Only



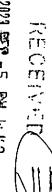
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SUCLEDARY OF STATE

FILED

2029 PCP - 5 PM IN 43



COVER LETTER

Registration Section

Division of Corporations

TO:

REPUEST	OS ANDINOS LLC		
30BJ&C1.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JUNIOR JAIMES		
		Name of Person	
	REPUESTOS ANDINOS	LLC	
		Firm/Company	
	5252 NW 85TH AVE AP	Γ 1107	
	-	Address	
	DORAL, FL 33166		
		City/State and Zip Code	
	USTUEMPRESA@GMAII		
	E-mail address: (to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
JUNIOR JAIMES		786 849-9937	
Name o	d Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing 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)
Mailing Addres Registration		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee.	FL 52514	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ited Liability Compa (A Florida Limited)	iny as it now appears on Liability Company)	our records.)
	were filed on $\frac{03/29/2}{}$	022 and assigned
of the limited liab	ility company here:	
words "Limited Liabi	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."
cable:	NA	
		202 SE
		
	NA	NARY NARY
E BOX)		## = O
		F 26
ess here:		ds, <u>enter the name of the new regis</u>
Name of New Registered Agent:		
1530 SW 109T	. <u></u>	
DEMRROYER		
TAMBROKET		, Florida
	Liability Company Illowing: of the limited liab words "Limited Liabi icable: ET ADDRESS) registered office: ESS here: FRANCISCO J 1530 SW 109T	words "Limited Liability Company here: words "Limited Liability Company." the design icable: ET ADDRESS) NA EBOX) registered office address on our recor

New Registered Agent's Signature, if changing Registered Agent:

REPUESTOS ANDINOS LLC

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.

Francisco Garcia
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	FRANCISCO J GARCIA	1530 SW 109TH AVE APT 107	≣ Add
		PEMBROKE PINES, FL 33025	□Remove
			□Change
AMBR JUNIOR JAIMES	5252 NW 85TH AVE APT 1107	□Add	
		DORAL, FL 33166	■Remove
		-	□Change
NA	NA	NA -	
			□Remove
			□Change
NA	NA	NA	□Add
			⊡Remove
		· · · · · · · · · · · · · · · · · · ·	
NA	NA	NA	
			□Remove
			□Change
NA	NA	NA -	🗆 Add
			□Remove
			□Change

	NA NA
	
Effec	ive date, if other than the date of filing: NA (optional)
t'an el	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them; seffective date on the Department of State's records.
uoc ui	tent s effective date on the 12epartment of state s records.
e reco rd is f	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
ra is i	lied.
	SEPTEMBER 04TH 2023
Dated	SEPTEMBER 04TH 2023
	Signature of a momber or authorized representative of a member
	Signature of a member or authorited representative of a member
	JUNIOR JAIMES
	THE STATE OF THE STATE S

. . . .