L2200319809

	(Requestor's Name)
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PICK-UP	☐ WAIT ☐ MAIL
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	(Business Entity Name)
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	(Document Number)
Certified Copies	Certificates of Status
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Special Instructions to	Filing Officer:
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Name of Lin	ANDINA L mited Liability Company	LC
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JUA	M M M T I CA Name of Person	
	CASITA	ANDINA Firm/Company	
	377 NOR	2-TH STATE PO	DAD7 SUIT 103
	PLANT.	ATION FL. 3	33317
	CHI_CHO E-mail address:	City/State and Zip Code 1963 DHOT 1 (to be used for future annual report noti	YDI/. GOM
For further information	concerning this matter, please c	all;	
TWA7	4 MUTICA of Person	at <u>(914)</u> 325 Area Code Daytim	2034 e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ S30.00 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 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

ARTICLES OF ORGANIZATION
OF OF
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(Name of the Limited Liability Company with
(Name of the Limited Liability Company as it now appears on our records.) (1933-0)
The Articles of Organization for this Limited Liability Company were filed on 1/19/22 and assigned Florida document number <u>L22800319809</u>
Florida document number <u>L2280031</u> 9809
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 "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
The state of the s
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
SENT COP OF TICE 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:
agent and/or the new registered office address here:
Name of New Registered Agent:

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

New Registered Office Address:

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.

City

Enter Florida street address

_, Florida _

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 CARLOS CHACIN 2541 ARASON BLDV XAND DIT 208 SUNRISE FZ □Remove ______ □ bb∧ □ ______ DAdd _____ □Change _____ □Add ______ □Remove _____ □Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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`an eff¢ <u>√ote:</u> I	te date, if other than the date of filing:
record I is file	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 d.
ated _	NOVEMBER 14 2022
	Signature of a member or authorized representative of a member
	_
	TUAN MUTICA Typed or printed name of signee