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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : E ALEX ORTIZ, CPA, PA

Account Number : I20180000017 Phone : (305)340-2000 Fax Number : (786)953-6246

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANDES HEIGHTS LLC

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COVER LETTER

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CUDIFCT.		EIGHTS LLC		
SUBJECT:		Name of Lin	ited Liability Company	_
The enclose	d Articles of	Amendment and fee(s) are sub	emitted for filing	
		indence concerning this matter	•	
		ALEX ORTIZ, CPA		
		-	Name of Person	
		E ALEX ORTIZ, CPA, PA	A	
			Firm/Company	_
		2727 PONCE DE LEON I	BLVD	
			Address	_
		CORAL GABLES, FL 33	134	
		ALEVOAL EVORTIZORA	City/State and Zip Code	_
		ALEX@ALEXORTIZCPA E-mail address: (to be used for future annual report notification)	_
For further i	nformation co	oncerning this matter, please c	ali:	
ALEX ORT	TZ, CPA		305 340-2000	
	Name of	「Person	at () Area Code Daytime Telephone Nu	mber
Enclosed is :	a check for th	e following amount:		
≘ \$ 25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (udditional copy is enclosed) Certi	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
Re; Div	iling Address gistration S vision of Co). Box 632	ection orporations	Street Address: Registration Section Division of Corporations	
•	lahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	te 810

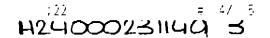
ANDRE HEIGHTOIL C

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANDES HEIGHTS LLC	
(Name of the Limited Limitity Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Plorida document number	were filed on 10/20/2022 and assigne
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	lity 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)	2727 PONCE DE LEON BLVD
	CORAL GABLES, FL 33134
Inter new mailing address, if applicable:	2727 PONCE DE LEON BLVD
Mailing address MAY BE A POST OFFICE BOX)	CORAL GABLES, FL 33134
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here; Name of New Registered Agent:	address on our records, enfer the name of the new res
New Registered Office Address:	
	Enter Florida street address
	, Florida
lew 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>	<u>Address</u>	Type of Action
MGR	VALDES, ALBERTO	111301 S DIXIE HIGHWAY	□Add
		PO BOX 5660	■Remove
		MIAMI, FL 33156	☐ Change
MGR	VALDES, ALBERTO	2727 PONCE DE LEON BLVD	■Adč
		CORAL GABLES, FL 33134	□Remove
			□Add
			🖸 Remove
			☐ Cliange
			□Remov e
			Change
			□Add
			(Rcmave
			LiChange
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			ПВеточе
			□ Change

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arina	date, if other than the date of filing: (optional)
	re 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 605,020
effectiv <u>e:</u> If ti	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a is effective date on the Department of State's records.
effective: e: If if iment cord sp	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a s effective date on the Department of State's records. ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
effective of the second space of the second sp	is effective date on the Department of State's records.
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effective: If if it is unrent* cord sp : filed.	ecifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the

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