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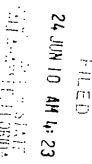
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Andariego SUBJECT:	Outdoors LLC		
NUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jose A Diaz		
		Name of Person	
		Firm/Company	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	2113 Irise Ct, # 208		
	Orlando, Florida 32807	Address	
		City/State and Zip Code	<del>1=</del>
	andargosusa@gmail.com		<del></del>
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report no all:	tification)
Jose A Diaz		321 750-8462 at ()	
Name o	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration and Division of Co. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Andariego Outdoors LLC			
( <u>Name of the Limited Liab</u> (A Flori	llity Company as it now appears on our re da Limited Liability Company)	cords.)	
he Articles of Organization for this Limited Liability lorida document number	Company were filed on	and assigned	
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the lir	nited liability company here:		
Andargos LLC			
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	LLC" or the abbreviation "L.L.C."	
nter new principal offices address, if applicable:	_)/A		
<u> Principal office address MUST BE A STREET ADD</u>	PRESS)	- N	
nter new mailing address, if applicable:	NA	5 T	
failing address MAY BE A POST OFFICE BOX)			
		[2] <b>되</b>	
. If amending the registered agent and/or register gent and/or the new registered office address here:	-	nter the name of the new registe	
Name of New Registered Agent:	NA		
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	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.

If Changing Registered Agent, Signature of New Registered Agent

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Effective date, if other than the fan effective date is listed, the date mu	date of filing:	(optional) of filing or more than 90 days after filing.) Pu	ursuant to 605 0207
Note: If the date inserted in this be document's effective date on the D	ock does not meet the applicable st	tatutory filing requirements, this date wil	I not be listed as
document s effective date on the fi	eparanent of State's records.		
record specifies a delayed effective	e date, but not an effective time, at	: 12:01 a.m. on the earlier of: (b) The 90	Oth day after the
d is filed.		12.01 d.m. on the curren on (b) The of	our day after the
Ivan 2 mil	2024		
June 3rd Dated	, 2024		
DXD	<b>.</b>		
/X 7V	)		
<del></del>	Signature of a member or authorized r	epresentative of a member	
Jose A Diaz	) Signature of a member or authorized r	representative of a member	