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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

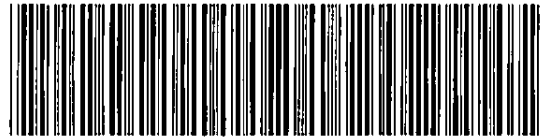
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 APR -9 PM12:09
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Andrade Santos LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICOLE SORAYA ANDRADE HIGUERA

Name of Person

ANDRADE SANTOS LLC

Firm/Company

3890 sw 64th ave apt 333

Address

davie fl 33314

City/State and Zip Code

theurquizoandrade@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Andrade

954

756-4107

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

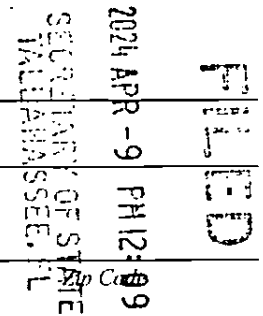
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 APR -9 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FL

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jimmy Andrade Santos	3890 SW 64TH AVEAPT 333 DAVIE, FL 33314	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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2024 APR - 9 PM 12:10
CLERK OF DISTRICT COURT
DAVIE, FL 33314

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Jimmy Andrade Santos] hereby resigns and relinquishes all rights, interests, and claims to any earnings,

profits, or income generated by the Company during his tenure as a member.

[Jimmy Andrade Santos] acknowledges that, upon the effective date of this Amendment, he shall

have no further entitlement to any distributions, profits, or assets of the Company.

The Company and the remaining member(s) hereby release [Jimmy Andrade Santos] from any

and all obligations, responsibilities, and liabilities arising from his prior membership in the LLC.

The Operating Agreement of the Company shall be updated to reflect the removal

of [Jimmy Andrade Santos] as a member, and all references to him shall be removed accordingly.

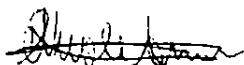
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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(3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated March 20, 2024



Signature of a member or authorized representative of a member

NICOLE SORAYA ANDRADE HIGUERA

Typed or printed name of signer

2024 MAR -9 PM 2:10
RECEIVED
DEPT OF STATE
TALLAHASSEE FL