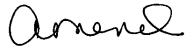
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PICK-UP	☐ WAIT	MAIL
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A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ANDES SOLU	UTION IMPORT CORP				
DOCUMENT NUMBER: P15000059358	, <u></u>				
The enclosed Articles of Amendment and fee as	re submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
YOEL GARCIA					
	Name of Contact Person	1			
ANDES SOLUTION IM	ANDES SOLUTION IMPORT CORP				
	Firm/ Company				
18245 NW 68 AVENUE	• •				
	Address				
MIAMI, FL. 33015					
	City/ State and Zip Cod	e			
BUSINESSACCTPROF@GM	1AIL.COM				
_	be used for future annual report	notification)			
·	·				
For further information concerning this matter,	please call:				
YOEL GARCIA	at (786	de & Daytime Telephone Number			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount m	ade payable to the Florida Depa	artment of State:			
S35 Filing Fee S43.75 Filing Fee Certificate of State		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

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Number of Corporation (if know	
Number of Corporation (if know	
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utes, this <i>Florida Profit Corpor</i>	ation adopts the following amendment(s) t
ration:	
	The new
orporation," "company," or " nc," or "Co". A professional eviation "P.A."	incorporated" or the abbreviation corporation name must contain the
<u></u>	
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ffice address in Florida, enter e address:	the name of the
Florida street address)	
	. Florida
(City)	(Zip Code)
	orporation," "company," or " nc," or "Co". A professional eviation "P.A." SS) ffice address in Florida, enter to address: Florida street address)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	s	ALBA MUJICA	18245 NW 68 AVENUE
Add			MIAMI, FL. 33015
Remove			
2) Change			
Add			
Remove		•	
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
		·	
6) Change			
Add			
Remove			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
	·
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij noi applicable, inaicale NA)	

	NOVEMBER 9, 2015	
The date of each amendment(s) a date this document was signed.		, if other than the
NC	OVEMBER 9, 2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date we epartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
NOVEMI Dated	BER 9, 2015	
Clauration	Andred.	
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	_
	ALBA MUJICA	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	