Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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H220004288303ABCS

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To:

Division of Corporations

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From:

Account Name : ANDING CONSULTING GROUP INC

Account Number : I20220000013 Phone : (407)376-2911 Fax Number : (407)674-2255

<u>---</u>

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dano@andinocg.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN ANDRES E ORTIZ P.A.

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COVER LETTER

TO: Amendment Sec Division of Corp				
NAME OF CORPO	RATION: ANDRES E ORTIZ P.A.			
DOCUMENT NUM	BER: P22000069220			
The enclosed Article.	s of Amendment and fee are submitted for filing.			
Please return all com	espondence concerning this matter to the following:			
	DARIO ALVAREZ			
	Name of Contact Person ANDINO CONSULTING GROUP INC			
	Firm/ Company 8421 S ORANGE BLOSSOM TRL STE 106			
	Address ORLANDO, FL 32809			
	City/ State and Zip Code			
	INFO@ANDINOCG.COM		<u> </u>	
	E-mail address: (to be used for future annual report notification)		2022	
	topout notification)		DEC	
For further information	on concerning this matter, please call:		5	n
Dario	Alvarez at 407 376 2911		A.	113
Name	of Contact Person Area Code & Daytime Telephone Number		9	1
Enclosed is a check f	or the following amount made payable to the Florida Department of State:	- •	Ali 9:31	
S \$35 Filing Fee	Certificate of Status Certified Copy (Additional Copy is enclosed)			

Malling Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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Articles of Amendment to Articles of Incorporation of

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment its Articles of incorporation: A. If amending name, enter the new name of the corporation: ANDRES EDUARDO ORTIZ BALLESTAS P.A. The new name must be distinguishable and contain the word "corporation." "company." or "incorporated" or the abbreviation Corp" "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A N/A N/A N/A N/A N/A N/A	(Name	of Corporation as curre	ntly filed with the Florida	Dept. of State)	
Pursuant to the provisions of section 607.1005, Florida Statutes, this Florida Profit Corporation adopts the following amendment its Articles of Incorporation: A. If amending name, enter the new name of the corporation: ANDRES EDUARDO ORTIZ BALLESTAS P.A. **The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," a professional corporation name must contain the word "chartered," "professional association," or the designation "Corp.," "Inc.," or "Co.," a professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, If applicable: N/A N/A	P22000069220				
A. If amending name, enter the new name of the corporation: ANDRES EDUARDO ORTIZ BALLESTAS P.A. The new indicator in the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered" "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) N/A N/A N/A N/A N/A N/A N/A N/		(Document Numbe	of Corporation (if known)		·
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"Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporated" or the abbreviation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chortered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A N/A C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A N/A N/A N/A N/A N/A N/A N/	A. If amending pame, enter the new n ANDRES EDUARDO ORTIZ BALL	ESTAS P.A.			
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C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX) N/A N/A N/A N/A N/A N/A N/A N/	B. Enter new principal office address.	If applicable:			
C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX) N/A N/A N/A D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N/A N/A N/A N/A N/A	(Principal office address MUST BE A S	TREET ADDRESS)	N/A		- - 2(
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N/A N/A N/A N/A N/A N/A N/A N/A	C. Enter new mailing address, if appl (Malling address MAY BE A POST	icable: OFFICE BOX)	N/A)EC 21
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: NA N/A N/A N/A			N/A		_ _ 呈
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent N/A			N/A		ا بو ہ
Name of New Registered Agent N/A	D. If amending the registered agent an new registered agent and/or the new	id/or registered office ad w registered office addre	dress in Florida, enter the	name of the	_ 3_
	Name of New Registered Agent	N/A			
(Florida street address)		N/A		<u> </u>	
		(Florida s	treet address)		
New Registered Office Address: N/A , Florida N/A	New Registered Office Address:	N/A		Florida N/A	
(City) (Rip Code)			(Cip)	(Zip Code)	_
	New Registered Agent's Signature, if che hereby accept the appointment as registed	nanging Registered Agen ered agent. I am familiar	<u>tt</u> with and accept the obliga	tions of the position	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position	 	Signature of New	Registered Agent, if changing	ng	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position Signature of New Registered Agent, if changing	heck if applicable The amendment(s) is/are being filed pu	rsuant to s. 507.0120 (11)	(e), F.S.		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and director deligned effects. (Alumb additional effects if

(Attach additional sheets, if necessary)

Please note the officeridirector 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 officeridirector holds more than one title, list the first letter of each office held.

Chamber of the control of the cont

Changes should be noted in the following monner. 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. Example:

X Change	PT	John Doe		
X Remove	Y	Mike Jones		
<u>X</u> Add	SV	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Additys	
1) N/A Change	N/A	N/A	N/A	
N/A Add			N/A	
N/A Remove			8/A	
2) N/A Change	N/A	N/A	N/A	
N/A Add			N/A	
N/A Remove	N/A	N/A	N/A	2022 PEIC 21
3) N/A Change N/A Add			N/A N/A	
N// A			N/A	2
Remove N/A Change	N/A	N/A	N/A	1
N/A Add		-	N/A	م <u>ب</u> س
N/A Remove			N/A	
5) N/A Change	N/A	N/A	N/A	
N/A Add			N/A	
N/A Remove			N/A	
6) N/A Change	N/A	N/A	N/A	
N/A Add			N/A	
N/A Remove			N/A	
				_

E. <u>Hamending or adding additional Articles, enter change(s) here:</u> (Attach additional sheets, if necessary). (Re specific)	
N/A	
N/A	
N/A	
N/A	
N/A	~
N/A	2022 DEC
N/A	- 33
N/A	
N'A	AP.
N/A	9: 32
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A) N/A	
N/A	
N/A	
N/A	
N/A	
N/A	
N/A	
N/A	

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The date of each amendment(s) ad date this document was signed.	11/16/2022 Pption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ack door as well as well	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adop by the shareholders was/were sut	nted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
The amendment(s) was/were app. must be separately provided for the	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	202
by	(voting group)	2022 DEC
Dated 1 1/- 1	6-202/2	21
Signature	ector, president or other officer - if directors or officers have not been	- AH 9: 32
select á d	by an incorporator — if in the hands of a receiver, trustee, or other court in diductary by that fiductary)	2
-	ALAMS EQUADO ODTÍZ DAUESTAS (Typed or printed name of person signing)	
	Pres.	
	(Title of person signing)	