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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ANDES	ENTERPRISE	5 Inc
DOCUMENT NUMBI	00-		
The enclosed <i>Articles o</i>	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma-	tter to the following:	
_	CARLO	OS FIORE Name of Contact Person	
_			
$\frac{L}{2}$	Indes Enterpris	es Uba. New Firm/Company	Century Auto Soles
	2450 Stm 1	Military tr.	# 3
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_	Email address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
CARL	OS FIORE	at (561	352 - 1536 de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810
		Tallah:	issee, FL 32303

Articles of Amendment Articles of Incorporation of

ANDES ENTERPRISES Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

P95000095541
(Document Number of Corporation (if known)

nt(s) to

Pursuant to the provisions of section 607,1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.;	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	16972 W. CALDER DR.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	LOXAHATCHEE FL 33470
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2450 Sty Military tr. #3 Wast Polm Beach FL 33415
D. If amending the registered agent and/or registered office accessed registered agent and/or the new registered office address Name of New Registered Agent CARLOS	<u> </u>
// 972 1.1 /	01.052 02
TETTZ W. C	ALDER DP.
New Registered Office Address: LOX AHATCH	EE FL. Florida 33470 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent.—I am familia	nt:
	Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (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 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>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
	_ <u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		CARLOS FIORE	16972 W. CALDER Da.
X Add			LOXAHATCHEE FL. 33470
Remove			
2) Change			
Add			
Remove 3 Change			
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Damassa			

	eets, if necessary).	(Be specific)			
					
					
					
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: Todoy	
Effective date if applicable: 10doy (no more than 90 days after amendment file d	ate)
Note: If the date inserted in this block does not meet the applicable statutory filing requiren document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
I The amendment(s) was/were adopted by the incorporators, or board of directors without sha action was not required.	reholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amendation.	
"The number of votes east for the amendment(s) was/were sufficient for approval	
bv	
by	
Signature (By a director, president or other officer – if directors or officers has selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary) Reiner Garcia (Typed or printed name of person signing)	or other court
(Typed or printed name of person signing)	
Tresident. (Title of person signing)	
(Title of person signing)	