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COVER LETTER

TO: Registration Sect Division of Corpo	ion Orations		
SUBJECT:	ANDEM RESO	ORCE CROUP	, LLC
The enclosed Articles of Ar	mendment and fee(s) are sul	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	RA	Name of Person	
		Name of Person	
	ANDEM	RESOURCE GR	DUP LLC
	1955 NW	115 th Sr.	
		Address	
	Miami -	FLORISA 3316 City/State and Zip Code	7
-	E-mail address: (i	EGROUPE OUTLOX to be used for future annual r	OK (OM epon notification)
For further information conc	erning this matter, please ca	ill:	
Alison Sm.	тн	ar (240)	535-9184 Daytime Telephone Number
Name of Per	son	Area Code	Daytime Telephone Number
Enclosed is a check for the fo	llowing amount:		
S25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RNDEM RE	ESOURCE G	eoup Lla	_		
(Name of the Limite	d Liability Compar A Florida Limited I.	y as it now appears ability Company)	on our records.)		
The Articles of Organization for this Limited Liz Florida document number 10000 4040	ibility Company	were filed on	3 18 2013	and assigned	
This amendment is submitted to amend the follow	wing:			AUG	1
A. If amending name, enter the new name of				ON AUSION OF COME AH CO.	1
The new name must be distinguishable and contain the wor	rds "Limited Liabilit	y Company," the desi	gnation "LLC" or the	abbreviation "E.L.Co	_ \
Enter new principal offices address, if applical	ble:	1955	NW 115th	St. 🖥 👼	
(Principal office address MUST BE A STREET	ADDRESS)	MIAMI	, FL 33	67	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>	5AM	e as ab	OYE	- - -
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address here:	ce address on o	ur records, enter	the name of the I	<u>new</u>
Name of New Registered Agent:	RAWI	E SMITH			
New Registered Office Address:	1955		h ST·		•
	MIAM	Enter Florida.		201.7	
	1. (14)	City:	, Florida	Zip Code	
Sample Andrew		Ciţ		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

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 = M AMBR = A	lanager authorized Member		
<u>Title</u> MGR	Name RAWLE SMITH	Address 1955 NW 115 th ST	Type of Action
1101	Mille Sining	MIRMI, FL 33167	□ Remove
MGR	Alison Smith	11631 SW 17th St PEMBROKE PINES, FL 33	□ Change
			Change Change Change Change Change Add Add Add Add Add Add Add A
			Change C
			Change
			□ Remove
			Add Remove
			Change

A)	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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	THE LETTER OF STATE O
-	
(If an eff <u>Note:</u>	ive date, if other than the date of filing:
if the red (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated .	08 10 . 2017.
	Signature of a member or authorized representative of a member
	- + Gen Shith

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Page 3 of 3

Filing Fee: \$25.00