

L15000150980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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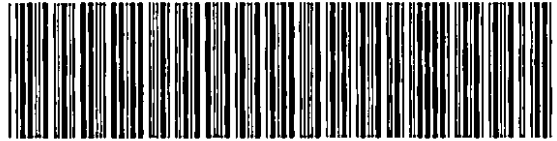
(Business Entity Name)

(Document Number)

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U.S. DEPARTMENT OF JUSTICE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 AUG 16 AM 2:30

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AUG 23 2018

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AUTO 2 GO 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:

MICHEL GONZALEZ SANCHEZ  
Name of Person

AUTO2GO LLC  
Firm/Company

2391 IVANHOE ST  
Address

PORT CHARLOTTE FL 33952  
City/State and Zip Code

andean.valley@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHEL GONZALEZ SANCHEZ at ( 786 ) 999-2114  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
18 AUG 16 AM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUTO2GO LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/03/2015 and assigned Florida document number L15000150980.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ANDEAN VALLEY LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2391 IVANHOE ST

**(Principal office address MUST BE A STREET ADDRESS)**

PORT CHARLOTTE FL 33952

Enter new mailing address, if applicable:

2391 IVANHOE ST

**(Mailing address MAY BE A POST OFFICE BOX)**

PORT CHARLOTTE FL 33952

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

MICHEL GONZALEZ SANCHEZ SANCHEZ

New Registered Office Address:

2391 IVANHOE ST

*Enter Florida street address*

PORT CHARLOTTE

*City*

Florida 33952

*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 = Manager  
AMBR = Authorized Member

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**18 AUG 16 AM 2:30**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Change
_____	_____	_____	Add
_____	_____	_____	Remove
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_____	_____	_____	Change
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Change

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

The purpose of the company is to engage in and conduct in any and all lawful business,  
activities or functions, and to carry on any other lawful activities as the Member(S) in their discretion  
shall determine.

18 AUG 16 AM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

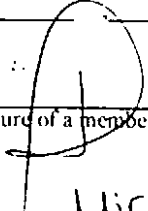
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 8/11/2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Michel Gonzalez Sanchez  
\_\_\_\_\_  
Typed or printed name of signee