

L040000082942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. HAWKES

OCT 01 2010

EXAMINER

S. HAWKES

~~JUL 28 2010~~

EXAMINER

(W)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2010

OLGA LUIS
5773 SW 49TH STREET
MIAMI, FL 33155

SUBJECT: BUONA FORTUNA ENTERPRISES, LLC
Ref. Number: L04000082942

We have received your document for BUONA FORTUNA ENTERPRISES, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 910A00022106



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2010

OLGA LUIS
5773 SW 49TH ST
MIAMI, FL 33155

SUBJECT: BUONA FORTUNA ENTERPRISES, LLC
Ref. Number: L04000082942

We have received your document for BUONA FORTUNA ENTERPRISES, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Suzanne Hawkes
Regulatory Specialist II

Letter Number: 410A00018234

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Buona Fortuna Enterprises LLC

DOCUMENT NUMBER: L04000082942

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Olga Luis

Name of Contact Person

Buona Fortuna Enterprises LLC

Firm/ Company

5773 SW 49th Street

Address

Miami, FL 33155

City/ State and Zip Code

oluis@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olga Luis

Name of Contact Person

at (305)

794-0186

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☒ \$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

Street Address

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Buona Fortuna Enterprises

(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 Nov. 16, 2004 and assigned
Florida document number L04000082942

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8410 SW 43st
MIAMI FL
33155

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

SAM B

New Registered Office Address:

Enter Florida street address

Florida

City

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 608, 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.

Algon M. Lewis

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
<u>MGR</u>	<u>Michael Hernandez</u>	<u>5556 NW 192 Lane</u> <u>Miami, FL 33055</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Evelyn Hernandez</u>	<u>same as above</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Isidro Gonzalez</u>	<u>10010 NW 27 terr</u> <u>Doral, FL 33112</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Veronica Johansen</u>	<u>55 Merrick Way</u> <u># 727</u> <u>Coral Gables, FL 33134</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Sandra Valdes</u>	<u>8773 SW 49 St</u> <u>Miami, FL 33155</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

Dated 9/10/10

Olga M. Luis
Signature of a member or authorized representative of a member

OLGA M. LUIS
Typed or printed name of signee

FILED
30 SEP 30 PM 2:41
CLERK OF STATE
TALLAHASSEE, FLORIDA

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)

Title	Name	Address	Type of Action
MGRM	Michael Hernandez	5556 NW 192 nd Lane Miami, FL 33055	Remove
MGRM	Evelyn Hernandez	5556 NW 192 nd Lane Miami, FL 33055	Remove
MGRM	Tomas Johansen	55 Merrick Way, #727 Miami, FL 33134	Add
MGRM	Isidro Gonzalez	10010 NW 27 ^{terr} Doral, FL 33172	Add

FILED
10 SEP 30 PM 2:41
TALLAHASSEE, FLORIDA