## L060000068402

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	<b>.g</b>	

Office Use Only



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07/14/22--01014--008 \*\*25.00

OCT 6 2022 S. PRATHER

## **COVER LETTER**

Registration Section

Division of Corporations

TO:

Buyares, I SUBJECT:	LC		
30BJF.C1;	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Raul A. Guzman		
		Name of Person	<del></del>
	360 Corporate Solutions, I	LLC	
		Firm/Company	
	2600 S Douglas Road, Sui	te 800	
		Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	rguzman@gemrtcpa.com		
	E-mail address: (	to be used for future annual report not	dification)
For further information	concerning this matter, please c	all:	
Raul A. Guzman		786 512-5692	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for (	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Set Division of Cother The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Buyares, LLC	
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed on 07/06/2006 and assigned
Florida document number H06000171560	
This amendment is submitted to amend the following:	mited Liability Company)  spany were filed on 07/06/2006  and assigned 33
A. If amending name, enter the new name of the limited	
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:	5880 Collins Avc, Suite 805
(Principal office address MUST BE A STREET ADDRES	Miami Beach, FL 33140
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2600 S Douglas Road, Suite 800 Coral Gables, FL 33134
agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address: 782 N.W.	Le Jeune Road, Suite 537
	Enter Florida street address
Miami	Florida 33126
	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 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jesus F. Bujan	782 N.W. Le Jeune Road, Suite 530	□Add
		Miami, FL 33126	=Remove
			□ Change
AMBR	Maria Lourdes Miyares	2600 S Douglas Road, Suite 800	<b>=</b> Add
		Coral Gables, FL 33134	□Remove
			□Change
		<del></del>	□Add
		<del></del>	□Remove
			□Change
			□Add
		<del></del>	□Remove
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		<del></del> .	🗖 Add
			□Remove
			□ Change

amending any other intore	nation, enter change(s) here: (Attach additional shee	is, ij necessur <u>y.</u> j
		<del></del>
		<del></del>
<del></del>		
·		
<b>Tective date, if other than t</b>	he date of filing:	(optional) ) days after filing ) Pursuant to 605 0207
ote: If the date inserted in this	block does not meet the applicable statutory filing requirer Department of State's records.	
ecord specifies a delayed effection is filed.	tive date, but not an effective time, at 12:01 a.m. on the ear	tlier of: (b) The 90th day after the
		2 <u>1</u>
July 7	. 2022	2022 JUL ÄLLAHKS
		SSEXTH OF 11
-Pen	Signature of a member or authorized representative of a memb	, TT
	and the state of a memory of additional representative of a memory	
	Leo Miyares	FLORE 3:

Typed or printed name of signee