

L08000048485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300163533173

12/14/09--01053--008 **25.00

FILED
09 DEC 14 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 15 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BUENA HORA 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:

RENZO BONAMINO

Name of Person

BUENA HORA LLC

Firm/Company

C/O STATE CAPITAL - 777 BRICKELL AVE STE 1150

Address

MIAMI, FL 33131

City/State and Zip Code

bonamino.renzo@libero.it

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

For further information concerning this matter, please call:

Valentino Maccarini

Name of Person

at ()

305-392-0782

Area Code & Daytime Telephone Number

FILED
09 DEC 14 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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**

BUENA HORA 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 05/14/2008 and assigned
Florida document number L08000048485.

This amendment is submitted to amend the following:

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

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)

C/O STATE CAPITAL

777 BRICKELL AVE SUITE 1150

MIAMI, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O STATE CAPITAL

777 BRICKELL AVE SUITE 1150

MIAMI, FL 33131

FILED
09 DEC 14 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

FLORIDA CORPORATE REGISTERED AGENTS LLC

New Registered Office Address:

7200 NW 19 ST - SUITE 301

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 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.

[Signature]
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RENZO BONAMINO	C/O STATE CAPITAL 777 BRICKELL AVE SUITE 1150 MIAMI, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
 09 DEC 14 PM 12:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated 12/12, 2009

Signature of a member or authorized representative of a member

RENZO BONAMINO

Typed or printed name of signee