

L10000013340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

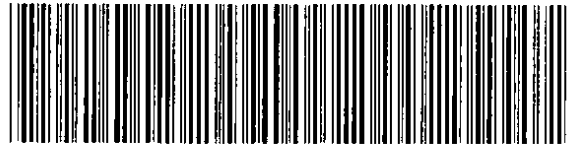
(Business Entity Name)

(Document Number)

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2023 AUG -4 PM 1:00

08/04/23--01018--020 **25.00

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **BUENAVISTA MARKETING, 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:

NICOLAS R. ALVAREZ

Name of Person

FLORIDA HEALTH INVESTMENTS, LLC

Firm/Company

1205 SW 37TH AVENUE

Address

MIAMI, FL 33135

City/State and Zip Code

CRISTY@MATUSLEM.COM

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

For further information concerning this matter, please call:

CRISTINA MORA

305

448-8255 EXT 1020

at (_____) _____

Name of Person

Area Code

Daytime 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2023 AUG -4 PM 1:00

10. AUGUST 1954

This amendment is submitted to amend the following:

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

1501 VENERA AVENUE

SUITE 320

CORAL GABLES, FL 33146

1501 VENERA AVENUE

SUITE 320

CORAL GABLES, FL 33146

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City Zip Code

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	FLORIDA HEALTH INVESTMEN	1205 SW 37TH AVENUE, THIRD FLOOR	<input type="checkbox"/> Add
		MIAMI, FL 33135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	BRYAN HOYO	1501 VENERA AVENUE, SUITE 320	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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)

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.

Signature of a member

Typed or printed name of signee

Filing Fee: \$25.00