

L13000037046

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BUENO CONCEPT LLC**

Certificate of Status	0
Certified Copy	0
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2016 MAY -4 PM 1:03

TALLAHASSEE, FLORIDA

SECRETARY OF STATE
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05/04/2016 11:27

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PAGE 02/05

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5/3/2016 10:09:24 AM PAGE 1/001 Fax Server



May 3, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BUENO CONCEPT LLC
825 BRICKELL BAY DRIVE,
SUITE 246
MIAMI, FL 33131US

SUBJECT: BUENO CONCEPT LLC
REF: L13000037046

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Page 3 is too dark for imaging. Please lighten the page for it to be readable.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX And. #: H16000108714
Letter Number: 916A00009111

2016 MAY -4 PM 1:03

TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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

BUENO CONCEPT 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 03/12/2016 and assigned
Florida document number L13000037046.

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 contain 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)

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:

CORPORATE MAINTENANCE SERVICES LLC

New Registered Office Address:

1000 BRICKELL AVENUE SUITE 400

Enter Florida street address

MIAMI

Florida 33131

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 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>
MGR	JOSE P PINTYA	175 SW 7TH AVE	<input type="checkbox"/> Add
		SUITE 1810	<input checked="" type="checkbox"/> Remove
		MIAMI, FLORIDA 33130	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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COUNTY OF DADE
MAY 11 2016
A 855
Remove
Add
Change
Remove

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

(This area is intentionally left blank for amendments. A diagonal line is drawn across the space.)

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 605.02077 (3)(b)
Notes: 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 APRIL 15, 2016

X Monica Lopez Mendez, Printup
Signature of a member or authorized representative of a member

X Monica Lopez Mendez, Printup
Typed or printed name of signer

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SECRETARY OF STATE
ALABAMA
FLORIDA

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