# L13000055110

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AHASSEE, FLORIDA

#### **COVER LETTER**

TO:

Registration Section

**Division of Corporations** 

SUBJECT

BUENORO 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:

# JONATHAN ASERRAF

Name of Person

Firm/Company

## 7950 NW 53RD STREET, SUITE 337

Address

# MIAMI, FLORIDA 33166

City/State and Zip Code

#### JA@OFFIXSOLUTIONS.COM

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

For further information concerning this matter, please call:

### JONATHAN ASERRAF

<sub>.../</sub>305<sub>.</sub>799-1576

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/COURIER ADDRESS:

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2813 HAY 21 PH 12: 11

**BUENORO LLC** 

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(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 Liab Florida document number <u>L13000055110</u>	oility Company	were filed on <u>04/15/2013</u>	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	ility company here:	
The new name must be distinguishable and end with 'L.L.C."	the words "Limi	ted Liability Company," the desig	nation "LLC" or the abbreviation
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)		7950 NW 53RD STREE	ET
		SUITE 337	
		MIAMI, FLORIDA 33166	
		7950 NW 53RD STREE	Т
		SUITE 337	^
		MIAMI, FLORIDA 3316	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	_		enter the name of the new
Name of New Registered Agent:	OFFIX SOLUTIONS LLC		
New Registered Office Address:	7950 NW 53RD STREET, SUITE 337		
New Registered Office Address.	Enter Florida street address		
	MIAMI	Flo	<sub>rida</sub> 33166
		City	Zip Code
New Registered Agent's Signature, if changing Re	gistered 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.

If Changing Registered Agent Signature of New Registered Agent

Page 1 of 3

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>	Address	Type of Action
MGR	ANDRES EFRAIN ORDONEZ SARMIENTO	TARQUI 7-26 PRESIDENTE CORDOVA	Add
		CUENCA, ECUADO, EC010106 XX	Remove
MGR	ANA DOLORES ORDONEZ SARMIENTO	TARQUI 7-26 PRESIDENTE CORDOVA	Add
		CUENCA, ECUADO, EC010106 XX	Remove
MGRM	ORDONEZ SARMIENTO, ANDRES EFRAIN	7950 NW 53RD STREET	- Add
		SUITE 337	Remove
		MIAMI, FLORIDA 33166	
MGRM	ORDONEZ SARMIENTO, ANA DOLORES	7950 NW 53RD STREET	<b>✓</b> Add
		SUITE 337	Remove
		MIAMI, FLORIDA 33166	
			Add
			Remove
			Add
			Remove

. If amending any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)
MAY 16TH	2013
	ANDRES ORDINEZ
	member or authorized representative of a member
ANDRES ORDONEZ	

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

