L14000018414

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TALL AHASSEF FLORID

T. Buren FEB 119 287

COVER LETTER

TO: **Registration Section Division of Corporations** Buenaventura Holdings, 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:

	Name of Person
Fowler Rodri	guez
····	Firm/Company
355 Alhambr	a Circle Suite 801
	Address
Coral Gables	s, FL 33134
	City/State and Zip Code
jpavageau@frfirm	.com

For further info

David Pena Name of Person

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

Buenaventura Holdings, LLC		
(<u>Name of the Limited Liability</u> (A Florida)	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number <u>L14000018414</u>	ompany were filed on 02/03/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the words "Lim	nited Liability Company," the designation "LLC" or th	⊅>≀⇔
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	<u>≯</u>
		SS CO
		E P P
Enter new mailing address, if applicable:		F ST
(Mailing address MAY BE A POST OFFICE BOX)		1:28 ORID
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	 -
·	, Florida	
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u> **Name** Address **Type of Action** Mauricio Manfredi 2501 Brickell Ave, Apt. 611 **MGR** Miami, FL 33129 Remove 2501 Brickell ve, Apt.611 Francisco Manfredi MGR Miami, FL 33129 Remove _□ Remove □ Add □ Add _□ Remove

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	e, if other than the date of must be specific, cannot be pric ument is filed by the Florida Dep		d date and cannot be mor	(optional) e than 90 days after
Dated Feb	ruary 4	2014		
	~~		·	
	-		ized representative of a n	nember
<u>S</u>	antiago Manfred		I name of signee	

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Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA