

**L14000018414**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

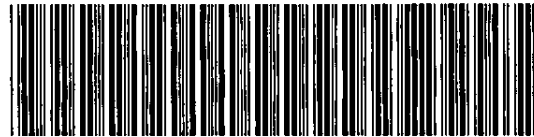
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**T. Burch FEB 19 2014**

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: 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:

Santiago Manfredi

Name of Person

Fowler Rodriguez

Firm/Company

355 Alhambra Circle Suite 801

Address

Coral Gables, FL 33134

City/State and Zip Code

jpavageau@frfirm.com

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

For further information concerning this matter, please call:

David Pena

Name of Person

at ( 786 ) 364-8419

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

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ALLAHABAD, FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mauricio Manfredi	2501 Brickell Ave, Apt. 611	<input type="checkbox"/> Add
		Miami, FL 33129	<input checked="" type="checkbox"/> Remove
MGR	Francisco Manfredi	2501 Brickell ve, Apt.611	<input type="checkbox"/> Add
		Miami, FL 33129	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 4, 2014

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Santiago Manfredi

\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA