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SECRE FARY OF STAFE DIVISION OF CORPORATION

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COVER LETTER

TO: Registration S Division of Co			
Bonterra	24-22, LLC		
	Name of Limi	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CARLOS BOLIVAR GUZ	ZMAN	
		Name of Person	
	BONTERRA 24-22, LLC		
		Firm/Company	
	10051 W 35 LN		
		Address	
	HIALEAH, FL, 33018		
		City/State and Zip Code	
	cbolivarg@gmail.com		
	E-mail address: (t	to be used for future annual report notific	cation)
For further information	concerning this matter, please ca	ail:	
CARLOS BOLIVAR		954 5361950 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BONTERRA 24-22, LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L17000010691	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:		18 St.	
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		2 AHII	
Mailing address MAY BE A POST OFFICE BOX)		7 5	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		the name of the n	
	, Florida		
	City	Zin Coda	

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>	Address	Type of Action
MGR	ANAURY GONZALEZ ALCALA	AVDA. ISLA DE MARGARITA	■ Add
		EDIF. SKORPIUS, APART 5-A	□ Remove
		CARACAS, VENEZUELA	Change
			□ Add
			Remove
			Change
			
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Typed or printed name of signee

Filing Fee: \$25.00