(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
J. HORNE JAN 17 2025

Office Use Only



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FILED 2025 JAN 16 AM 10: 25

2025 JAN 16 AM 11: 57



04/40/0005

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	01/16/2025	
Name:	Cheyanne Davis	
Reference	#:2624839	
Entity Name	e:BICENTEN	ARIO CAPITAL LLC
☐ Artic	les of Incorporation/Authorization	n to Transact Business
√ Ame	endment	
☐ Char	nge of Agent	
☐ Rein	statement	
Conv	version	
☐ Merg	ger	
Disse	olution/Withdrawal	
☐ Fictit	tious Name	
✓ Othe	PLEASE ATTACH	CERTIFIED COPY UPON FILING
Authorized .	Amount: \$55.00	
Signature: _	Orymo Paire	

F: +B52.2682.9790



04/40/0005

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	01/16/2025	
Name:	Cheyanne Davis	_
Reference	2624839	_
Entity Nan	me:BICENTENA	RIO CAPITAL LLC
☐ Arti	icles of Incorporation/Authorization	to Transact Business
✓ Am	endment	
Cha	ange of Agent	
☐ Rei	instatement	
☐ Cor	nversion	
☐ Mei	rger	
☐ Dis	solution/Withdrawal	
☐ Fict	titious Name	
✓ Oth	nerPLEASE ATTACH	CERTIFIED COPY UPON FILING
Authorized	d Amount: \$55.00	
Signature:	- Ohyma Paine	

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	BICENTE	NARIO CAPITAL LLC		
SODSECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Sebastian Valenzuela		
			Name of Person	
		L2B INVEST LLC		
			Firm/Company	
		1221 BRICKELL AVE, S	UITE 1400	
			Address	
		MIAMI, FL 33131		
		•	City/State and Zip Code	
		sebastian.valenzuela@l2bii	ivest,com	
		E-mail address: (to be used for future annual report no	tification)
For further in	nformation c	oncerning this matter, please c	all:	
IRENE VIE	RA		786 522-4476	
	Name of	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg	iling Addres gistration S vision of C		Street Address: Registration Se Division of Co	
). Box 632		The Centre of	
Tal	lahassee, I	L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

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

ART	TO FICLES OF ORGA OF	NIZATION		2025 JAN 16
BICENTENARIO CAPITAL LL	C			
	ited Liability Company as it n (A Florida Limited Liability C	i <mark>ow appears on our re</mark> Company)	cords.)	
				, , ,
he Articles of Organization for this Limited I lorida document number L17000199241		led on		and assigned
orida document number	·			
is amendment is submitted to amend the fol	llowing:			
If amending name, enter the new name	of the limited liability con	npany here:		
RIGHTWOOD LLC				
ne new name must be distinguishable and contain the	words "Limited Liability Comp	any," the designation "	'LLC" or the abbr	eviation "L.L.C."
nter new principal offices address, if appli	icable:			
rincipal office address MUST BE A STRE	ET ADDRESS)			
Aailing address MAY BE A POST OFFICE	E BOX) registered office address			
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE If amending the registered agent and/or the new registered office addresent and/or the New Registered Agent:	registered office address	on our records, <u>er</u>		
Idailing address MAY BE A POST OFFICE If amending the registered agent and/ortent and/or the new registered office address.	registered office address	on our records, <u>er</u> INC.	nter the name	
Aailing address MAY BE A POST OFFICE If amending the registered agent and/ortent and/or the new registered office address Name of New Registered Agent:	registered office address ess here: COGENCY GLOBAL I	on our records, ending the street actions of	iter the name	of the new registe
Aailing address MAY BE A POST OFFICE If amending the registered agent and/ortent and/or the new registered office address Name of New Registered Agent:	registered office address ess here: COGENCY GLOBAL I	on our records, ending the street actions of	iter the name	of the new registe

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
	-		□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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Note:	If the date inserted	l in this block does	filing: fic and cannot be prior not meet the applic at of State's records.	able statutory filing	ore than 90 days after f g requirements, this	nal) iling.) Pursuant to 605.020 date will not be listed a
he recor		ed effective date, bu	ut not an effective ti	me, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
ord is til			2025	\ \		
ord is til	JANUARY 13		·	//w/	/	
ord is til	JANUARY 13	Sionature	of a member or auth	orized representative	of a member	

Filing Fee: \$25.00