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FO: Registration Se Division of Cor			
BONTERF	RA 9211, LLC		
, , , , , , , , , , , , , , , , , , ,	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rene R. Loys Bringas		
		Name of Person	
		Firm/Company	
	2937 SW 27 Avenue, No. 104		
		Address	
	Coconut Grove, FL 3313	33	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
For further information o	concerning this matter, please ca	all:	
Oswaldo Bernal		305 846-9831	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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 9211, LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	<u> </u>
the Articles of Organization for this Limited Liability Colorida document number L18000107332	Company were filed on April 27, 2018	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	
I/A		
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	29 , STATE
Principal office address MUST BE A STREET ADDI	RESS)	
nter new mailing address, if applicable:	N/A	3 PM 12:
<u> Iailing address MAY BE A POST OFFICE BON)</u>		<u> </u>
If amending the registered agent and/or regisgistered agent and/or the new registered office add		the name of the n
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street address	
	Florida	Zip Code
	City	zip Coae

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	RAFAEL LOYS	10932 N.W. 26 Street	∃ Add
		Sunrise, FL 33322	☐ Remove
			□ Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			Add
			Remove
			□ Change

N/A	
	
	J.
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	<u>-</u>
effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing. If the date inspected in this black days were accepted.	(optional)
e: If the date inserted in this block does not meet the applicable statutor ament's effective date on the Department of State's records.	TV filing requirements, this date will not be listed
and a creedist date on the Department of State's records.	
record specifies a delayed effective date, but not an effective date.	tive time at 12:01 a.m. on the earlier
ie sour day after the record is filed.	O many at 12101 anni on the carrier
d kne 7 . 2018.	/ /
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(1)	5
Signature of a member or authorized rentese	mtative of a member