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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: LOS	Bonet Name of Limi	LLC:	·
		, , ,	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Laergral	o Bonet Cas	tillo.
		Firm/Company	
	20 Lyle	Dr · Address	
	tampa	FC - 3341 City/State and Zip Code Log 24 & Long o be used for future annual report notific	<u>O</u> .
	G Bonef Ca E-mail address: (t	Juo 24 & 6 mg	L. COM
For further information cor	ncerning this matter, please ca	II:	
APIPO EST	ekez.	at $(S13)$ 867	- 345 7 · 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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Los Bon	et LLC	Pres () prove town
(Name of the Limited (A	liability Company as it now appears of Florida Limited Liability Company)	n our records.
The Articles of Organization for this Limited Liabi	<u> </u>	12 Pandia styned
Florida document number <u>L190014</u>	<u>883</u>	SCORT JARY OF STATE JALLAHASSEE, FLORIDA
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here	:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	<u> </u>	
		
Enter new mailing address, if applicable:		
		-
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		
B. If amending the registered agent and/or registered agent and/or the new registered office	• •	ur records, <u>enter the name of the new</u>
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida	street address
-	Cuv	Florida Zip Code
	VIĢ	$\Sigma \phi$ ($\alpha \alpha$

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 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 **Title** Name Address Type of Action Gerardo Bonef Castillo. 2014ler Dr. - Remove 14mpg FC 33410- Change Raul Bonef Castillo 1317 Corner Oaks. XAdd Brandon FC. 33510. - Remove Change □ Add _□ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

). If án	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	please change owners title from NGR.
	Please Change owners title from NGR.
	and need to Add a UP to the
	Conford to the state of the sta
	C9YYJ4119.
Note:	tive date, if other than the date of filing: Coptional
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	<u>8/6</u> <u>2019.</u>
	Signature of a member or authorized representative of a member
	BERAR 40 BOUL

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00