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## **COVER LETTER**

TO:	Registration Se Division of Cor		<i>.</i> v.			
SUBJEC	Buena Solu	tions, LLC				
SOBJEX		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub				
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		CRAIG MCNAIR				
			Name of Person			
		MCNAIR AND ASSOCIA	ATES, P.A.			
			Firm/Company			
		1250 S. US HWY. 17/92 ,	SUITE 250			
		Address				
		LONGWOOD, FLORIDA	32746			
			City State and Zip Code	<del></del> -		
		murtazaoaroia@mail.com E-mail address: (	to be used for fature annual report notif	untion)		
For furth	ner information c	oncerning this matter, please ca	all:			
CRAIG	MCNAIR		407 830-5717			
	Name o	f Person	at () Area Code — Daytime	Telephone Number		
Enclosed	d is a check for th	ne following amount:				
■ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ 855.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ So0.00 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 10 ARTICLES OF ORGANIZATION OF.

Buena Solutions, LLC (Name of the Limited Liability Compa (A Florida Limited I	my as it now appears on our records.)	
(A Florida Limited I	Ciability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/01/2019	and assigned
florida document number L19000247372		دي
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
· · · · · · · · · · · · · · · · · · ·		٠.
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	801 International Parkway, 5th Floor	
Principal office address MUST BE A STREET ADDRESS)	Lake Mary, FL 32746	·
Enter new mailing address, if applicable:	801 International Parkway, 5th Floo	ЭГ
(Mailing address MAY BE A POST OFFICE BOX)	Lake Mary, FL 32746	
		-
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		nter the name of the
New Registered Office Address:		
THE PROGRAMMENT OF THE PROGRAMME	Enter Florida street address	
	, Florid	a
<del></del>	Cuv	Zip Code

Thereby 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.

It 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>	<u>Address</u>	Type of Action
AMBR	Murtaza Parpia	130 Villa Di Este Ter.	
		Lake Mary, FL 32746	■ Remove
MGR	Murtaza Parpia	130 Villa Di Este Ter.	
		Lake Mary, FL 32746	Remove
			☐ Remove
			Change
			□ Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			Change

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<u>iote:</u>	we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ated	10-22-2019
	Dhus
	Signature of a member of authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00