



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PETER MATHISON LLC
Account Number : 120210000152
Phone : (305)520-9343
Fax Number : (786)705-2040

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BI CASH LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BI CASH LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FERNANDO VILLARREAL

Name of Person

PETER MATHISON LLC

Firm/Company

800 SE 4TH AVENUE SUITE 139

Address

HALLANDALE BEACH, FLORIDA 3309

City/State and Zip Code

INFO@TUCONTADORENMIAMI.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FERNANDO VILLARREAL

Name of Person

at: (305) 520 - 9343

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BI CASH LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/11/2020 and assigned Florida document number 120000126434.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MINERA AZUL 1 LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
MGR	EMBIID CAMPOS, ALVARO A	800 SE 4TH AVE., STE. 139	<input checked="" type="checkbox"/> Add
		HALLANDALE, FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PASTRAN VERGARA, ANDRES R	800 SE 4TH AVE., STE. 139	<input checked="" type="checkbox"/> Add
		HALLANDALE, FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VILLARROEL LUCERO, CRISTOBAL A	800 SE 4TH AVE., STE. 139	<input type="checkbox"/> Add
		HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Filing Fee: \$25.00