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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044 Phone : (407)888-3131 Fax Number : (888)453-0509

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** [1] annual report mailings.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AVILES AND BUENO'S LLC

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'COVER LETTER # H200001607763

TO:	Registration Section Division of Corporations			
CHIDIT				
SUBIE	C1:	Name of Lim	ited Liability Company	
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please i	Division of Corporations AVILES AND BUENOS LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: MICHAEL ANDREW AVILES Name of Person Firm/Company 2365 EAGLE TRACE DRIVE Address KISSIMMEE, FLORIDA 34746 City/State and Zip/Code MICHAELAVILES03@GMAIL.COM E-mail address; (to be used for future annual report notification) further information concerning this matter, please call: RIA VENTURA Name of Person Area Code Daytime Telephone Number Losed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 3314 Available Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 3314 Available Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 3314			
		MICHAEL ANDREW AV	TILES	
			Name of Person	
			Firm/Company	
		2365 EAGLE TRACE DR		
		KISSIMMEE, FLORIDA		
		MCHAFLAVILESIS@GV		
		-		
For fur.	her information c	oncerning this matter, please c	all:	
MARL	A VENTURA			
	Name o	f Person	Area Code Daytime Telephone Number	
Enclose	ed is a check for th	ne following amount:		
□ \$2:	5.00 Filing Fee		Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy	
	Registration S Division of C P.O. Box 632	Section orporations 7	Registration Section Division of Corporations The Centre of Tallahassee	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVILES AND BUENOS 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 MAY 13, 2020	a	nd assig	med
Florida document number L20000130250			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
LIVING BUENO LLC			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	aboreviat	ion "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)			
	-1 -1	^ <u>.</u>	• .
B. If amending the registered agent and/or registered office address on our records, enter the nagent and/or the new registered office address here:	ime of t	ne ngw	register
agent and or the new registered office and regularies.		え	1 1
		7	•
Name of New Registered Agent:		<u> , </u>	•
New Registered Office Address:	• • •	<u> </u>	- · !
Enter Florida street address			マナ
, Florida	7, 4,	6	
City	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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<u> </u>	
			□ Remove
			□Change
			□ Add
			= Remove
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lun effi <u>Vote:</u>	we date, if other than the date of filing: MAY 13,2020 (optional) cotive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
record Lis fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated .	Michael Andrew Aviles Signature of a member or authorized representative of a member
	Michael Andrew Ailes
	- 1 CTIOC TITIES - W 7011C3

Filing Fee: \$25.00