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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| (Business Entity Name) |
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COVER LETTER

TO: Registration Section Division of Corporations

BOTERO FINANCIAL, LLC

SUBJECT:

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:

BERENICE IPIA-FELICIANO

Name of Person

PRATS FERNANDEZ & CO PA

Firm/Company

999 PONCE DE LEON BLVD. STE. 1110PH

Address

CORAL GABLES, FL 33134

City/State and Zip Code

ADMIN@PRATSFERNANDEZ.COM

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

305 44 at (_____) ___ Area Code

444 8333

For further information concerning this matter, please call:

BERENICE IPIA-FELICIANO

Name of Person

Enclosed is a check for the following amount:

🗐 \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) ►
►
S60.00 Filing Fee
Certificate of Status & Certified Copy (additional copy is enclosed)

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<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Daytime Telephone Number

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

į.

| BOTERO | FINANCIAL. | 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 FEBF | RUARY 19, 2021 and assigned |
|--|-----------------------------|
| Florida document number L21000083830 | |

This amendment is submitted to amend the following:

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

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 <u>MAY BE A POST OFFICE BOX)</u>

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

| N. C.M. Devictored Assents | |
|--------------------------------|------------------------------|
| Name of New Registered Agent: | 0 |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | CityZip 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------------|------------------------|----------------|
| MGR | ARIZA PABON, MARIA C | P.O. BOX 140970 | 🗆 Add |
| | | CORAL GABLES, FL 33114 | ■Remove |
| | | <u></u> | Change |
| MGR | GROSSO LEWIS, JEAN P. | P.O. BOX 140970 | = Add |
| | | CORAL GABLES, FL 33114 | 🗆 Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

| EI/EIN Number: 86-2338464 | | |
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| ve date, if other than the date of filing: | (optional) | ~ |

If the record 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 record is filed.

| APRIL . Dated | 30 2021 |
|------------------|--|
| | X Origolu Xa2 |
| | Signature of a member or authorized representative of a member |
| МА | RIA C. ARIZA PABON |
| | Typed or printed name of signee |