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## **COVER LETTER**

TO: Registration Se Division of Cor					
JUAN C. B SUBJECT:	OTERO LLC				
	Name of Lin	ited Liability Company			
	Amendment and fee(s) are sub	<del>-</del>			
	Juan Carlos Botero				
		Name of Person			
	JUAN C. BOTERO LLC				
		Firm/Company	, <u>"</u>		
	1071 hiawassee rd 1212		,		
		Address			
	Orlando/FI 32835				
	juancbotero@outlook.com	City/State and Zip Code			
	E-mail address: (	to be used for future annual report notif	ication)	292	
For further information of	oncerning this matter, please c	all:		2021 JUL 27	
Juan Carlos Botero		786 296 3779		2 2	
Name o	f Person		: Telephone Number		
Enclosed is a check for the	he following amount:			က္က <sup>က</sup> က က	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	Fee, Status &	
Mailing Addres	<u>ss:</u>	Street Address:			

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 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

JUAN C. BOTERO LLC		
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)	
The Articles of Organization for this Limited Liability Company were filed	i on June 10, 2021.	and assigned
florida document number L.21000270283		
his amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liability comp	pany here:	
he new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:	·	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<del></del>
Mailing address MAY BE A POST OFFICE BOX)		
		Palla
3. If amending the registered agent and/or registered office address or gent and/or the new registered office address here:	n our records, <u>enter the name o</u>	the new registe
		20
Name of New Registered Agent:		<u>- 22</u>
New Registered Office Address:	; -	₫.
	inter Florida street address :	~~~~
	, Florida	₽,
City	, 1 101 144	Zip Code
iew Registered Agent's Signature, if changing Registered Agent;		် လ ၁ က
hereby accept the appointment as registered agent and agree to act	in this capacity. I further agree	to comply with
provisions of all statutes relative to the proper and complete performe		
sccept the obligations of my position as registered agent as provided seing filed to merely reflect a change in the registered office address,		
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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>	Address	Type of Action
AMBR	Andres Felipe Góez	9163 Floribunda Dr, Orlando fl 32818	
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			Change
		·	□Add
			□Remove
			Change
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	her than the date	of filling:	07/26/21			(options	d)		
ote: If the date inso cument's effective	ed, the date must be spected in this block de date on the Departr	oes not mee nent of Stat	et the applicate's records.	able statutory	filing requirem	ents, this da	ite will no	ot be listed	d as t
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	da	1	07/12/21	. 1/					
Orlando, Flori		, , , , , , , , , , , , , , , , , , ,	(W//						
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