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## **COVER LETTER**

TO: Registration S Division of Co			•		
	BOTERO LLC				
SUBJECT:Name of Limited Liability Company					
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Juan Carlos Botero				
		Name of Person			
	Juan C. Botero LLC				
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	1071 S HAIAWASSE RD. Address				
	Orlando/ FL/ 32835				
		City/State and Zip Code			
	juancbotero@outlook.com	to be used for future annual report noti	fication)		
For further information	concerning this matter, please c		,		
Juan Carlos Botero		407 617 8200			
Name	of Person	Area Code Daytim	e 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 enclose		
Mailing Addr Registration	ess:   Section	<u>Street Address:</u> Registration Sec	ction		

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

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JUAN C. BOTERO LLC

2021 00T 20 PM 3:47

(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 June 10, 2021 and assigned Florida document number 10610122259-900368014069#1 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 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 \_, Florida \_\_\_ City

## 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>	Address	Type of Action
AMBR	Andres Felipe Goez	9163 FLORIBUNDA DR ORLANDO, FL 32818	□Add
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f an effect Note: If	edate, if other than the date of filing:  [10/25/2021]  (optional)  ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
,	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed	ctober 18 of 2021 10/18/2021
rd is filed	
rd is filed	

Filing Fee: \$25.00