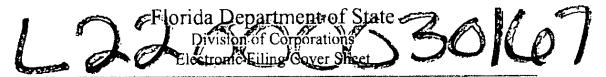
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FINCA BONANZA LLC

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## **COVER LETTER**

	Registration Se Division of Cor				
SED INC		NANZA LLC			
SUBJEC	f:	Name of Limi	ted Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are subt	nitted for filing.		
Please ret	um all correspo	ndence concerning this matter t	to the following:		
		Cheyenne Moseley			
Name of Person					
Legalzoom.com, Inc.					
			Firm/Company	<del></del>	
		101 N Brand Blvd 11th Fl			
			Address		
	Glendale, CA 91203				
			City/State and Zip Code	<del></del>	
	E-mail address: (to be used for future annual report notification)				
For furthe	a information c	oncerning this matter, please co	att:		
Cheyenn	e Moseley		800 773-0888		
Name of Person		at ()	Telephone Number		
Enclosed	is a check for the	ne following amount:			
□ \$25.0	0 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:		STREET/COURII	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FINCA BONANZA LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number 1.22000030167	ompany were filed on 01/14/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del>_</del>
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regis registered agent and/or the new registered office address of New Registered Agent:		er the name of the ne
<del>-</del>		AY
New Registered Office Address:	Exter Florida street address	5 7
	. Florida _	
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and concept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, and I am gent as provided for in Chapter 605, F.S. O ed office address, I hereby confirm that the	n familiar with and Fr, if this document is

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>	Name	<u>Address</u>	Type of Action
AMBR	dake Edgar Llaurado	21385 SW 242ND ST	■ Add
		HOMESTEAD, FL 33031	□ Remove
			□ Changa
AMBR	Caridad Agustina Pineda	21385 SW 242ND ST.,	<b>B</b> Add
		HOMESTEAD, FL 33031	П.В
			П. С
AMBR	CARIDAD A CARIDAD	21385 SW 242ND ST.,	☐ Add
		HOMESTEAD, FL 33031	B Remove
			☐ Change
			☐ Remove
			П. С.
			☐ Remove
			□ Remove
			□ Change

To:

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Jake Edgar Llaurado

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee