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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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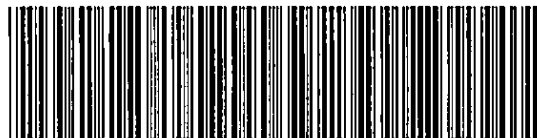
(Business Entity Name)

(Document Number)

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2022 SEP 19 PM 1:25

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DEC 14 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BORBOLETA FINANCE LLC

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:

RAYMUNDO ALBERTO FUENMAYOR PEROZO

Name of Person

BORBOLETA FINANCE LLC

Firm/Company

4995 NW 72ND AVE, STE 205

Address

MIAMI, FL 33166

City/State and Zip Code

Raymundo.fuenmayor@gmail.com

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

For further information concerning this matter, please call:

RAYMUNDO ALBERTO FUENMAYOR PEROZO

561

4525312

at ( )

Name of Person

Area Code

Daytime 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 enclosed)

**Mailing Address:**

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

**Street Address:**

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**

FILED  
2022 SEP 19 PM 1:25

BORBOLETA FINANCE 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 3/25/2022 and assigned  
Florida document number L22000122496.

This amendment is submitted to amend the following:

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

INTERNATIONAL FINANCE BUSINESS CONSULTANCY LLC (IFBC)

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:

Sitaram Yadavalli

New Registered Office Address:

4995 NW 72ND AVE, STE 205

*Enter Florida street address*

Miami

*City*

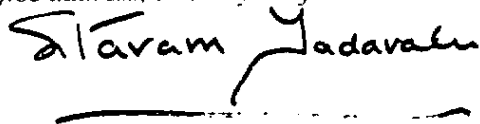
Florida

33166

*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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Sitaram Yadavalli	4995 NW 72ND AVE, STE 205	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KATHERINE JEAN SHARON AF	4995 NW 72ND AVE, STE 205	<input type="checkbox"/> Add
		Miami Fl 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

### Removing Katherine and replacing her with Sitaram Yadavalli

[illegible]

E. Effective date, if other than the date of filing: September 12, 2022 (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated September 12, 2022

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

RAYMUNDO ALBERTO FUENMAYOR PEROZO

Typed or printed name of signee

**Filing Fee: \$25.00**